



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

BLACKFORD CO HEALTH DEPT 506 E. VAN CLEVE HARTFORD CITY, IN 47348 (765) 348-4317

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Form with fields: Establishment Name (PIZZA KING #79), Telephone Number (765 728 8241), Date of Inspection (11/14/23), ID # (5), Establishment Address (133 E HUNTINGTON ST. Montpelier), Owner (MORSTOR INC), Purpose (1. Routine), Follow-up (NO), Release Date (11/24/23), Owner's Address (4111 N WHEELING PK MUNCIE), Person in Charge (MARA WILLIAMS), Responsible Person's E-mail (N/A), Certified Food Handler (MARA WILLIAMS), Summary of Violations (C NC R), Menu Type (1 2 X 3 4 5)

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with 4 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Row 1: 399, NC, THE EXIT SIDE OF OVEN, TOP ROLLER BRACE IS USING DUCT TAPE TO HOLD TOGETHER? NEEDS FIXED/REPLACED, TOPA?

Received by (name and title printed): Mara Williams
Inspected by (name and title printed): [Signature] - EHS
Received by (signature): [Signature]
Inspected by (signature): [Signature]
cc: [ ]

506 East Van Cleave Street, Hartford City, IN 47348

Phone # 765-348-4317 Fax # 765-348-3041

Operator Inspection Response

State Form 80047 (2-01)

DATE: 11-15-2003

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford Health Department on 11/14/23.

Date: Action Taken by Establishment:

Calling District Manager about Oven. She is putting a request for maintenance to come and fix it as soon as they can. She will be calling today 11-15-2003.

(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: Mira Williams Title: Store Manager

Establishment Name: Pizza King Montpelier

Address: