



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)

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SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

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.

Establishment Name <i>9th St. Café</i>	Telephone Number <i>765 664 1851</i> Establishment	Date of Inspection (mm/dd/yr) <i>6-3-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1802 W 9th St. MARION</i>	() Owner		
Owner <i>Paula HARNER</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <hr/>	Follow-up <i>NU</i>	Release Date <i>6-13-19</i>
Owner's Address <i>3283 N 700 W-27 CONVERSE</i>	Summary of Violations: <i>C 1 NC 2 R 1</i>		
Person in Charge <i>Paula HARNER</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>NA</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Paula HARNER EXP 2021</i>			

- 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"

Received by (name and title printed):

ed by (name and title printed):
Paula Harter

Inspected by (name and title printed):

Inspected by (name and title printed):
R Dale Gaff - FSPD

Received by (signature):

ed by (signature):
Paula HARNER

Inspected by (signature):

R. Allen - PSID

cc:

cc:

CC: