RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
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 9th St. Café	**Telephone Number** 765 662 4851 ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 11/8/19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1802 W 9th St. MARION			
Owner PAULA HARNER	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 11/18/19
Owner's Address 3283 N 700 W - 27 Converse	2. Follow-up	**Summary of Violations:**	
Person in Charge PAULA HARNER	3. Complaint	C 2 NC 0 R 0	
Responsible Person's E-mail N/A	4. Pre-Operational		
	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler PAULA HARNER EXP 2021	6. HACCP	1 2 3 X 4 5	
	7. Other (*list*)		

- 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"

Section#	C/NC	R	Narrative	To Be Corrected By
295	C		THE CAN OPENER BLADE / BASE IS SOILED WITH FOOD DEBRIS	TODAY
171	C		EMPLOYEE HANDLING BUISCUITS WITH BARE HANDS (BUISCUITS COOKED)	Corrected

Received by (*name and title printed*): X Paula Harner	Inspected by (*name and title printed*): [illegible] - FSIO
Received by (*signature*): X	Inspected by (*signature*): [illegible] FSIO
cc:	cc: / cc: