



**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 <i>Cafe Rally LLC DBA 9th St Cafe</i>	Telephone Number <i>765-485-1604</i>	Date of Inspection <i>2-17-23</i>	ID # <i>29</i>
Establishment Address <i>1802 W 9th St Marion</i>	() Establishment <i>765-485-1604</i>	() Owner	
Owner <i>Jackie-Dee Baetrom</i>	Purpose: <u>1. Routine</u>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	2. Follow-up	Summary of Violations: <i>C 4 NC 1 R 1</i>	
Person in Charge <i>Anita Key</i>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified Food Handler <i>Sidney Gordon exp 10-27</i>	5. Temporary		
	6. HACCP		
	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
138	NC	X	Employee working w/out hair restraint	Today
234	C		Ice scoop handle directly on ice	Today
295	C		Following "Food Contact" items is soiled w/ food debris 1) Clean utensils in drawer next to grill 2) Clean plates bottom of grill	
345	C		Hand sink being used as storage DB - food dishes etc. must be kept clean for washing hands only	
173	C		Cold bar has various dishes sitting on top of each other - only containers allowed in bar & to keep proper temp.	

Received by (name and title printed):
JACK BAETROM

Inspected by (name and title printed):
Scott K. B... / Dawn...

Received by (signature):
Jack Baetrom

Inspected by (signature):
Scott K. B... / Dawn...

cc:

cc:

cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-651-2401 Ext: 3123/3111
Fax: 765-651-2419

DATE: 2/24/23

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 2-17-23.

- DATE: _____ Action Taken:
- 1 - Section # 38 - We provided all kitchen workers with hair restraints.
 - 2 - Section # 234 - We put a hook up to hold ice scoop outside of ice bin.
 - 3 - Section # 295 - We instructed employees to routinely clean surfaces, drawers + plates under grill hourly.
 - 4 - Section # 345 - We put a sign up instructing employees to use hand sink for hand washing, not storage.
 - 5 - Section # 173 - We instructed employees to immediately return dishes to the cooler, covered before moving forward to the next task.

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Sidney Gordon Title: General Manager
Establishment Name: Cafe Rally LLC DBA 9th St. Cafe
Address: 1802 W. 9th St. Marion 46953