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 Marion General Hospital Inc - South Marion Cafe	**Telephone Number** (765) Establishment (677-7809) Owner	**Date of Inspection** *(mm/dd/yr)* 4-12-23	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1410 Bella Dr Marion			
Owner Marion General Hospital	**Purpose:** 1. ~~Routine~~	**Follow-up** No	**Release Date** 10 days
Owner's Address 441 N Wabash Ave.	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Juanita	4. Pre-Operational 5. Temporary	C___ NC___ R___	
Responsible Person's E-mail —	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1___ 2___ 3___ 4 5___	
Certified Food Handler Jennifer Grubb			

- 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
			No violations on inspection	

Received by (*name and title printed*): Juanita Villegas	Inspected by (*name and title printed*): Dean Small FSS
Received by (*signature*): Juanita Villegas	Inspected by (*signature*): Dean Small FSS
cc:	cc:
	cc: