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 Sentry Cafe LLC	**Telephone Number** 768 Establishment 573-2119 Owner	**Date of Inspection** *(mm/dd/yr)* 5-9-2023	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 100 S. Washington St.	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner William Reece	2. Follow-up 3. Complaint	**Summary of Violations:** C— NC2 R—	
Owner's Address Same	4. Pre-Operational 5. Temporary		
Person in Charge Tiffany Dykema	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1 2 3 4 5	
Responsible Person's E-mail —			
Certified Food Handler William Reece exp 12-2024			

- 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
402	NC		Cleanability of floors/walls shall be free of smooth, easy cleanable floor in restrooms cabinets needs finished in hallway	
295	NC		In back kitchen Microwave & oven utility area top both have dried food debris	

Received by *(name and title printed)*: Tiffany Dykema	Inspected by *(name and title printed)*: Dana Smith PST
Received by *(signature)*: Tiffany Dykema	Inspected by *(signature)*: Dana Smith PST

cc:	cc:	cc: