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 Cafe Rally LLC dba 9th Cafe	**Telephone Number** 765 Establishment 664-4851 Owner	**Date of Inspection** (*mm/dd/yr*) 9.6.24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1802 W 9th St.			
Owner John & Linda Kennedy	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) From 8.15.24	**Follow-up** N	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge Anita			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1___ 2___ 3 X 4___ 5___	
Certified Food Handler Anita Lloyd pending			

- 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
			OK from 8.15.24	

Received by (*name and title printed*): Anita Lloyd	Inspected by (*name and title printed*): [illegible]
Received by (*signature*): Anita Lloyd	Inspected by (*signature*): [illegible]
cc:	cc: / cc: