



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 Kelly LLC 9th St</i>	Telephone Number <i>(317) 488-1881</i>	Date of Inspection <i>2-16-24</i>	ID # <i>27</i>
Establishment Address <i>1802 W 19th St.</i>	Owner <i>John Linda Kennedy</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>SAME</i>	Person in Charge	Summary of Violations: <i>C 2 NC 2 R -</i>	
Responsible Person's E-mail	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Menu Type (See back of page) <i>1 2 3/4 5</i>	
Certified Food Handler <i>Amy Kennedy exp 5/2028</i>			

- 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
<i>295</i>	<i>C</i>		<i>Drawer next to stove has clean utensils - food debris at the bottom Also trays hanging at sink</i>	<i>10 days</i>
<i>191</i>	<i>C</i>		<i>Food in cooler without date marking FE - green beans - Baked pots</i>	
<i>402</i>	<i>NC</i>		<i>Dust on wall above serving window</i>	
<i>404</i>	<i>NC</i>		<i>HVAC vent on wall has dust on it.</i>	

Received by (name and title printed): <i>Anita Lloyd</i>	Inspected by (name and title printed): <i>Dawn [unclear]</i>
Received by (signature): <i>Anita Lloyd</i>	Inspected by (signature): <i>Dawn [unclear]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 2-22-24

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 / April Legare from the Grant Co. Health Department on 2/16/24.

Date: 2-22-24 Action Taken: Drawer next to sink cleaned and silverware/tongs moved to a sealed container.

2-19-24 Date + Identify all food in Coolers.

2-22-24 Dust on wall above serving window cleaned off.

2-19-24 - vent on wall cleaned and painted.

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

Name of Respondent: Anita Lloyd Title: manager

Establishment Name: 9th st Cafe / Cafe Rally LLC

Address: 1802 west 19th marion In.