GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

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: Roxie's Cafe	Telephone Number ( ) Establishment: 765 217 9218 ( ) Owner	Date of Inspection (mm/dd/yr): 9-13-24	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 9060 So. E00, Fairmount			
Owner: Roxie Hiatt	Purpose: **1. Routine** (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) ______	Follow-up: No	Release Date: 10 Days
Owner's Address: 415 So. Sycamore St. #5, Gaston		Summary of Violations: C — NC 4 R 1	
Person in Charge: Roxie			
Responsible Person's E-mail: —		Menu Type (See back of page): 1___ 2___ 3 X 4___ 5___	
Certified Food Handler: Roxie Hiatt			

• 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 prepping / cooking without hair restraint	
431	NC		Flooring in kitchen to include under equipment is soiled	
295	NC		The following "Non Food" contact items is soiled with dried food / other	
			1) Counter tops & steam table	
			2) Top inside of condiment cooler	
			3) Between grill & fryer	
			4) Inside & out of microwave	
			5) refrigerator handles	
305	NC		Debris on top of hood system	

Received by (name and title printed): Roxie M Hiatt.	Inspected by (name and title printed): Dawson [illegible]
Received by (signature): Roxie M Hiatt	Inspected by (signature): [signature]

cc: cc: cc: