



**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>Roxes Cafe</i>	Telephone Number <i>760 Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>2-7-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>900 S E 00 W Farmers</i>	<i>217 318</i>		
Owner <i>Roxe Hiatt</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input checked="" type="radio"/> 2. Follow-up <input checked="" type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>NR</i>	Release Date <i>10 days</i>
Owner's Address <i>Gaston IN</i>		Summary of Violations: <i>C 1 NC 2 R</i>	
Person in Charge <i>Roxe</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Roxe class RB 1/24</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/N/C	R	Narrative	To Be Corrected By
<i>191</i>	<i>C</i>		<i>Food in walk in without date MARK-IE gravy Sprayball, etc.</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>Under grill/grease on table</i>	<i>Today</i>
<i>138</i>	<i>NC</i>		<i>Employee prep/cooking without hair restraint</i>	<i>Corrected</i>

Received by (name and title printed): <i>Roxe Hiatt</i>	Inspected by (name and title printed): <i>Dean Smith RBK</i>
Received by (signature): <i>Roxe Hiatt</i>	Inspected by (signature): <i>Dean Smith RBK</i>
cc:	cc:



GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 2-9-24

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 2-7-24.

Date: 2-9-24 Action Taken:

Had a meeting with employees
we went over making sure everything is
wiped down. Cleaned during our
shift. tag & date all food storage
containers. date pulled. & date of storage.
make sure employees wear hair
net's or hats. Hair must be tied
back.

[Handwritten signatures]

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

Name of Respondent: Roxie Hiatt Title: owner/mgr

Establishment Name: Roxie's Cafe

Address: 9060 S.E 00th Year Mount IN.