



**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>Sweet/Sex Cafe</i>	Telephone Number 7168 Establishment	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>114 N MAIN ST.</i>	Owner <i>389 Owner 4404</i>	1-31-25	27
Owner <i>Out Hill Cafeteria Inc</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Tony</i>	Follow-up <u>NO</u>	Release Date <i>10 days</i>
Owner's Address	Summary of Violations: <i>C NC R</i>		
Person in Charge <i>Tony</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i></i>	1 <u>2</u> <u>3</u> <u>4</u> <u>5</u>		
Certified Food Handler <i>Tabitha Morgan 3-2023</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"

Received by (name and title printed):

Inspected by (name and title printed):

~~Receiving the (signature)~~

LITERATURE

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ANSWER

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