



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>Sweetser Cafe</i>	Telephone Number <i>(765) 768-4104</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>2-13-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>114 N Main St Sweetser</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Tabatha Morgan</i>	Owner's Address	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Person in Charge <i>Tabatha</i>	Responsible Person's E-mail	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified Food Handler <i>Tabatha Morgan exp 3-2028</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>No violations -</i>	

Received by (name and title printed): <i>Tabatha Morgan Manager</i>	Inspected by (name and title printed): <i>Debra Smith</i>
Received by (signature): <i>Tabatha Morgan</i>	Inspected by (signature): <i>Debra Smith</i>
cc:	cc: