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: The Bridge Cafe	**Telephone Number**: ( ) Establishment ( ) Owner 205-8002	**Date of Inspection** (*mm/dd/yr*): 3/5/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 138 N Main St Upland			
Owner: Catherine Kerton-Johnson	**Purpose**: ~~1. Routine~~ 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: Same		**Summary of Violations**: C— NC3 R2	
Person in Charge: Abigail		**Menu Type** (*See back of page*): 1___ 2___ 3_X_ 4___ 5___	
Responsible Person's E-mail			
Certified Food Handler: Catherine Kerton-Johnson 7/2025			

- 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
295	NC	V	inside of oven soiled with food debris	Today
4/3	NC	V	Restroom door must have self closure	
310	NC		Vents above 3bay sink heavily soiled with dust	

Received by (*name and title printed*): Abigail A Olsen General Manager

Received by (*signature*): Abigail Olsen

Inspected by (*name and title printed*): April Logue FSIO

Inspected by (*signature*): April Logue

cc: | cc: | cc: