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** 765) Establishment ( ) Owner 660-7013	**Date of Inspection** (*mm/dd/yr*) 2-24-22	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 138 N Main St Upland			
Owner Cathy 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 7520 S 1000 E		**Summary of Violations:** C 1 NC 1 R 1	
Person in Charge Jamie			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 2 3 ✓ 4 5	
Certified Food Handler Catherine Kerton Johnson exp 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	C		breed pans sitting on shelf and stored as clean has food debris on them/in them	Today
413	NC	X	Southside door going out to patio must have self closure installed & working properly	ASAP

Received by (*name and title printed*): Jamie Hughes	Inspected by (*name and title printed*): Dean Lnall FSB
Received by (*signature*): [signature]	Inspected by (*signature*): [signature] BLO
cc:	cc:
	cc: