



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 <b>CJ' Cafe @ Round Robbins Bingo</b>		Telephone Number <b>765 274 9615</b>	Date of Inspection (mm/dd/yr) <b>7-19-19</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>4401 SO. WESTERN AVE - MARION</b>		( ) Owner		
Owner <b>HANS AMBER HUBER</b>		Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>7-29-19</b>
Owner's Address <b>4401 SO, WESTERN AVE - MARION</b>			Summary of Violations: C ___ NC ___ R ___	
Person in Charge <b>HANS HUBER</b>			Menu Type (See back of page) <b>1 ___ 2 ___ 3 X 4 ___ 5 ___</b>	
Responsible Person's E-mail <b>NIA</b>				
Certified Food Handler <b>AMBER HUBER</b>				

- 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
			<b>NO VIOLATIONS AT CJ'S CAFE'</b>	
			<b>NO VIOLATION AT THE BINGO HALL / STORAGE</b>	

Received by (name and title printed): <b>Hans Huber</b>		Inspected by (name and title printed): <b>R Dale Carr - FSIO</b>	
Received by (signature): <i>Hans Huber</i>		Inspected by (signature): <i>R Dale Carr</i>	
cc:	cc:	cc:	