



**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>Country Cafe & bakery</i>		Telephone Number <i>765</i> Establishment	Date of Inspection (mm/dd/yr) <i>10-9-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>102 W Washington St Marion</i>		Owner <i>Eric Creech</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Eric Creech</i>	Owner's Address <i>973 N King Rd</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C - NC 2 R -</i>	
Person in Charge <i>Texas Reynolds</i>	Responsible Person's E-mail		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Certified Food Handler <i>Eric Creech Rachel Creech 6/2023</i>				
<ul style="list-style-type: none"> • 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>399B</i>	<i>NC</i>		<i>Self closures on bathroom door needs fixed or replaced</i>	<i>Today</i>
<i>413</i>				
<i>29c</i>	<i>NC</i>		<i>Inside oven & door is soiled w/ dried food</i>	
Received by (name and title printed): <i>Texas Reynolds</i>			Inspected by (name and title printed): <i>Dean Small PSto</i>	
Received by (signature): <i>Texas Reynolds</i>			Inspected by (signature): <i>Dean Small PSto</i>	
cc:		cc:		cc: