



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

244/15 # 245

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.

Form with fields: Establishment Name (Hellringer & Kurtz Kaffee Haus), Telephone Number (317-619-8285), Date of Inspection (10-11-19), ID # (27), Owner (Amanda Walker), Purpose (HACCP), Summary of Violations (C, NC, R), Menu Type (1-5), Certified Food Handler (Mississinewa 182).

• 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten 'DK' in the Narrative column.

Signature and CC fields: Received by (Amanda Walker), Inspected by (Dawn Smith), cc: (blank).