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 Kammys Cafe	**Telephone Number** (765) Establishment (573) Owner 3990	**Date of Inspection** (mm/dd/yr) 1-14-2020	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 117 E 4th St. Jonesboro			
Owner Kamala Dilts	**Purpose:** 1. Routine (circled) 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 809 S. Race		**Summary of Violations:** C — NC 3 R 1	
Person in Charge Kama			
Responsible Person's E-mail —		**Menu Type** (See back of page) 1 2 3 X 4 5	
Certified Food Handler Brenda Helmuth exp 2022			

- 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
310	NC		Hood system has grease build up. Needs cleaned.	10 days
298	NC		Inside microwave in Kitchen is soiled w/ dried food. Not in use.	Today
295	NC		Following items is soiled w/ dried food debris	
			1) Inside & outside of True Cooler	
		X	2) Top of stove and inside oven.	

Received by (name and title printed): Kammy Dilts	Inspected by (name and title printed): Dean Small FSTO
Received by (signature): Kammy Dilts	Inspected by (signature): [signature] FSTO
cc:	cc:
	cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: Jan 20, 2020

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 1-14-20.

DATE:	Action Taken:
1-18-2020	Hood system has been cleaned
1-14-2020	All microwaves cleaned and are being monitored.
1-16-2020	New range installed. Three door cooler cleaned inside and out.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Tammy Dilts Title: Owner

Establishment Name: Tammy's Kafe

Address: 117 E. 4th St. Gnesboro, IN 46938

- Attach additional sheets as needed.