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 ( ) Owner 573-4969	**Date of Inspection** (mm/dd/yr) 9-18-20	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 117 E 4th St Jonesboro			
Owner Kamala Dilts	**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 809 S Race		**Summary of Violations:** C / NC / R	
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
297	NC		Plastic Flap in Ice Machine is covered with dark Residue	Cleaned
192	C		2 Packs of Eckrich Grillers that were previolous Frozen not dated IN cooler	corrected

Received by (name and title printed): Kammy Dilts	Inspected by (name and title printed): Scott Kikendall
Received by (signature): Kammy Dilts	Inspected by (signature): Scott Kikendall 5510
cc:	cc: cc: