



**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 RABBIT FOOD CAFE		Telephone Number 765 251 4915	Date of Inspection (mm/dd/yr) 9/20/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 202 W MAIN ST. GAS CITY		() Owner		
Owner TERRA Chism	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) OK TO OPEN		Follow-up	Release Date 9/30/19
Owner's Address 5507 FAIRMOUNT AVE - JONESBORO			Summary of Violations: C ___ NC ___ R ___	
Person in Charge TERRA Chism			Menu Type (See back of page) 1 ___ 2 X 3 ___ 4 ___ 5 ___	
Responsible Person's E-mail N/A				
Certified Food Handler NEED WITHIN 90 DAYS				

- 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
				BEFORE OPEN
			FINISH COVING AND PAINTING IN KITCHEN PREP AREA.	
			COVING THROUGHOUT THE FACILITY	90-DAYS
			OK TO OPEN	

Received by (name and title printed): x Terra Chism	Inspected by (name and title printed): Blake / Beans
Received by (signature): x [Signature]	Inspected by (signature): [Signature]
cc:	cc: