



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.

Form with fields: Establishment Name (RABBIT FOOD CAFE), Telephone Number (765) 573-5707, Date of Inspection (3-2-2020), ID # (27), Owner (TERRA CHISM), Purpose (1. Routine), Follow-up (NO), Release Date (3-12-2020), Owner's Address (5507 FAIRMOUNT AVE JONASBORO IN), Person in Charge (TERRA CHISM), Responsible Person's E-mail (wla), Certified Food Handler (KATHERINE GERSTOFF 9/17/19)

- 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 4 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Contains handwritten entries for violations 129, 349, and 291.

Received by (name and title printed): Terra Chism; Inspected by (name and title printed): R. Dalkert - FSD; Received by (signature): [Signature]; Inspected by (signature): [Signature]

cc: [Blank]

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 3/9/20

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 3-2-2020

DATE:	Action Taken:
<u>3/2/20</u>	<u>Purchased Proper PH Test Strips.</u>
<u>3/2/20</u>	<u>Cleaned Hand Sink.</u>
<u>3/2/20</u>	<u>Went over policies & procedures with employees regarding handwashing and putting on gloves.</u>
<u>3/9/20</u>	<u>Caulked gaps in trim and painted all areas requested.</u>
<u>3/9/20</u>	<u>Put on outlet covers.</u>

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

Name of Respondent: [Signature] Title: OWNER
Establishment Name: Rabbit Food Cafe
Address: 202 W. Main St. Gas City, IN 46933