



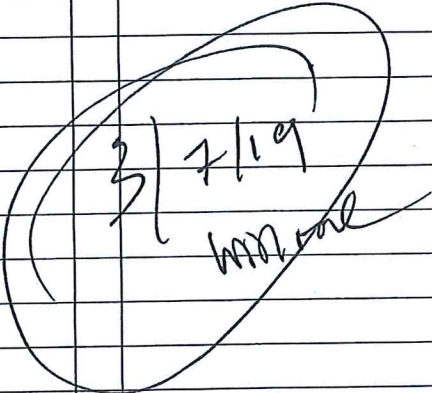
**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R2/2-05)
SDH Form 51-0001

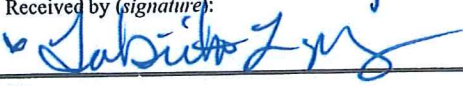
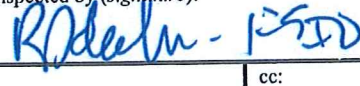
**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

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 SWEETSER Cafe' | Telephone Number (765) 384-4404 | Date of Inspection 3/4/19 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 114 N MAIW ST. SWEETSER | () Owner | Follow-up NO | Release Date 3/14/19 |
| Owner GREGG/TABITHA MORGAN / SCOTT WINGEE | Purpose: 1. Routine | Summary of Violations: C 1 NC 1 R 0 | |
| Owner's Address 210 N MAIW ST. SWEETSER | 2. Follow-up | Menu Type (See back of page) | |
| Person in Charge TABITHA MORGAN | 3. Complaint | 1 2 3 X 4 5 | |
| Responsible Person's E-mail N/A | 4. Pre-Operational | | |
| Certified Food Handler TABITHA MORGAN 316/18 ISSUE | 5. Temporary | | |
| | 6. HACCP | | |
| | 7. Other (list) | | |

- 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 |
|---|------|---|--|--------------------|
| 298 | NC | | Both MICROWAVES SOILED (NOT IN USE) WITH DRIED FOOD DEBRIS | TODAY |
| 196 | C | | UTENSILS AT THE GRILL NEEDED WASHED, RINSED & SANITIZED EVERY 4 HRS OR AS NEEDED Employee STATED DAILY | TODAY |
|  | | | | |

| | |
|---|---|
| Received by (name and title printed): Tabitha L. Morgan | Inspected by (name and title printed): Rogale Gurr - FSD |
| Received by (signature):  | Inspected by (signature):  |
| cc: | cc: |

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 3/4/19

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 3/4/19.

| DATE: | Action Taken: |
|---------------|--|
| <u>3/4/19</u> | <u>#298 Cleaned Microwaves immediately</u> |
| <u>3/4/19</u> | <u>#196 All Utensils at Grill will now be Sanitized numerous times per shift. Correction made immediately.</u> |
| <u>3/7/19</u> | <u>mmlove</u> |

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

Name of Respondent: [Signature] Title: MANAGER

Establishment Name: SWEETSER CAFE

Address: 114 N. MAIN ST SWEETSER, IN 46987

• Attach additional sheets as needed.