



# 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.

<b>Establishment Name</b> <i>Sweeten Cafe</i>	<b>Telephone Number</b> <i>(765) 289-4404</i>	<b>Date of Inspection</b> <i>(mm/dd/yr)</i> <i>7-29-21</i>	<b>ID #</b> <i>27</i>
<b>Establishment Address (number and street, city, state, ZIP code)</b> <i>114 N Main St. Sweeten</i>			
<b>Owner</b> <i>Oak Hill Conviction</i>	<b>Purpose:</b> <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) _____		
<b>Owner's Address</b> <i>210 N Main</i>			
<b>Person in Charge</b>  			
<b>Responsible Person's E-mail</b>  			
<b>Certified Food Handler</b> <i>Tabitha Morgan exp 3-23</i>	<b>Follow-up</b> <i>NO</i> <b>Release Date</b> <i>10 days</i> <b>Summary of Violations:</b> C <i>—</i> NC <i>2</i> R <i>1</i>  <b>Menu Type (See back of page)</b> 1 <i>—</i> 2 <i>—</i> 3 <i>✓</i> 4 <i>—</i> 5 <i>—</i>		
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>			

Section#	C/NC	R	Narrative	To Be Corrected By
138	NC	<input checked="" type="checkbox"/>	Employee at grill / hygiene no hair restaurant	Today
295	NC		Floor pan in kitchen needs cleaned before running.	

<b>Received by (name and title printed):</b> <i>Tabitha L Morgan</i>	<b>Inspected by (name and title printed):</b> <i>Dean Smith Scott Kikanda</i>
<b>Received by (signature):</b> <i>Tabitha L Morgan</i>	<b>Inspected by (signature):</b> <i>Dean Smith</i> <i>Scott Kikanda</i>
<b>cc:</b>  	<b>cc:</b>  

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 07/29/21

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 7-29-21.

DATE:	Action Taken:
<u>7/29/21</u>	<u>Cook immediately applied a hairnet.</u>
<u>7/29/21</u>	<u>Fan in kitchen / taken apart &amp; cleaned.</u>

Name of Respondent: Tabitha Morgan Title: Manager

Establishment Name: Sweetser Cafe

Address: 114 N Main St Sweetser, IN 46987