



**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 <i>The Abbey</i>	Telephone Number (70) Establishment <i>674-9530</i>	Date of Inspection (mm/dd/yr) <i>11-4-21</i>	ID # <i>27</i>
Establishment Address (number, and street, city, state, ZIP code) <i>1570 S. Weshen Ave Marion</i>	Owner <i>674-9530</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Darren Campbell</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine	Summary of Violations: <i>C / NC / R +</i>	
Owner's Address <i>Same</i>	<input type="checkbox"/> 2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Tiffany</i>	<input type="checkbox"/> 3. Complaint	<i>1 X 2 3 4 5</i>	
Responsible Person's E-mail <i>[redacted]</i>	<input type="checkbox"/> 4. Pre-Operational		
Certified Food Handler <i>N/A</i>	<input type="checkbox"/> 5. Temporary		
	<input type="checkbox"/> 6. HACCP		
	<input type="checkbox"/> 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	
<i>295</i>	<i>C</i>		<i>dishes stored clean under prep table have dried food on them</i>	<i>Today</i>	
<i>417</i>	<i>NC</i>		<i>Laptop computer sitting on white table in kitchen next to food.</i>	<i>[Handwritten squiggle]</i>	

Received by (name and title printed): <i>Tiffany Cramer</i>	Inspected by (name and title printed): <i>Scott K Kendall / Dean Small</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Response to Inspection
Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 11-4-21

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 / Scott Kikendall from the Grant Co. Health Department on 11-4-21.

DATE: 11-4-21 Action Taken:

re-washed, dried, and put away all dishes under prep table, dusted prep table and rack underneath.

moved laptop in kitchen to back table, clear of food.

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

Name of Respondent: Haley Struwe Title: Store Manager

Establishment Name: The Abbey Coffee Company

Address: 1500 S Western Ave Marion, IN 46953

Attach additional sheets as needed.