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: The Bridge Cafe	**Telephone Number**: 768 (Establishment) ( ) (Owner) 998-8778	**Date of Inspection** (*mm/dd/yr*): 7-15-20	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 138 N Main St Upland			
Owner: Catherine Kenton Johnson	**Purpose:** ~~1. Routine~~	**Follow-up**	**Release Date**: 10 days
Owner's Address: Bethany 7698 S. 1000 E	2. Follow-up	**Summary of Violations:**	
Person in Charge: Bethany	3. Complaint	C ~~NC~~ 2 ~~R~~	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Catherine Kenton Johnson	5. Temporary	1 2 3 4 5	
	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
413	NC		The front door and back South door both need self closures on doors Fixed	3 days
295	NC		The following "Non food" Contact items is soiled w/ dried food debris other debris 1) Black stand next to hand sink 2) Wall behind 2 bay sink.	

Received by (*name and title printed*): Bethany Berning Assistant Manager

Received by (*signature*): Bethany A Berning

Inspected by (*name and title printed*): Dean Smith BS

Inspected by (*signature*): Dean Smith BS

cc: | cc: | cc: