



**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 Cafe Rally LLC - 9th St.	Telephone Number Establishment 765 664 4851	Date of Inspection (mm/dd/yr) 8/15/21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1802 W. 9th St. Marion	Owner John & Linda Kennedy	Purpose: <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)	Follow-up NO Release Date 10 Days
Owner's Address SAME	Person in Charge Anita	Summary of Violations: C 5 NC 2 R 2	
Responsible Person's E-mail akennedy1970@live.com	Certified Food Handler Iron Kennedy Ex. 5/2028	Menu Type (See back of page) 1 2 3 X 4 5	

- 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
345	C		Front hand sink has ice in it. Kitchen hand sink used as storage	today
171	C		Employee touching biscuits with bare hands	→
191	C	✓	The following hot dogs, Bar 5 Brand Express Express 7/26/2021 also peaches in front cooler with no date or label	
295	C		The following food contact items is sitting with dark debris/food debris 1) Ice machine inside 2) Clean dishes below grill	
129	C		Employee should wash hand between tasks (NOT gloved)	

Received by (name and title printed): Anita Lloyd	Inspected by (name and title printed): Shelby H. Allum Deputy
Received by (signature): <i>Anita Lloyd</i>	Inspected by (signature): <i>Shelby H. Allum</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name Cafe Kollwile - 9th St		Address 1802 W. 9th St., Marion		Inspection Date 8/15/24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC		Small fan on serving window has dust on it	today
402	NC	✓	Dust on ceiling above grill	
Received By (Name & Title)			Inspected By (Name & Title)	
Crista Boyd			Angelica McCallum-FSIS	

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 8-25-24

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

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

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 8/15/24

<u>DATE</u>	<u>ACTION TAKEN</u>
8-16-24	- employee know/informed - hand + mop sink
" "	- Tongs have been placed for touching biscuits
" "	Hot dogs removed - Items in front cooler labeled.
" "	Ice machine cleaned - dishes cleaned below grill and pushed back.
" "	employee informed on hand washing policy
" "	fan being cleaned and dust above grill cleaned

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Christa Lloyd Title General Manager
Establishment 9th St Cafe (Cafe Rally) (DBA)
Address 1802 W. 9th St. Marion, In.

Attach additional sheets as needed.