



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 TRAIN station Cafe		Telephone Number (765) Establishment 513-4393	Date of Inspection (mm/dd/yr) 11-14-18	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 406 E 4th St		Owner Socrates Montano	Follow-up —		
Owner's Address 2028 S Hawksmore Dr Bloomington		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) - Opening	Release Date —		
Person in Charge —		Summary of Violations: C ___ NC ___ R ___			
Responsible Person's E-mail		Menu Type (See back of page) 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___			
Certified Food Handler RAMIRO GARCIA exp 11-2021					
• 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
			OK to open.		
Received by (name and title printed): Socrates Montano			Inspected by (name and title printed): DEAN Small PGZ		
Received by (signature): 			Inspected by (signature): 		
cc:			cc:		