



**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>CASA Brava Mexican</i>	Telephone Number <i>705 Establishment</i> <i>705-293-9333</i>	Date of Inspection <i>5-3-23</i>	ID # <i>27</i>
Establishment Address <i>3109 S Wedgum Ave Marion</i>	Owner <i>705-293-9333</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Socrates Montano</i>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Summary of Violations: <i>3 NC 1 R 1</i>	
Owner's Address <i>Bloomington Ind</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>CAYETA</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Sindy Lorena Resma for Valer exp 9-2028</i>			

• 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/N/C	R	Narrative	To Be Corrected By
294	C		No sanitizer made up in front of back of house <i>To include for prep</i>	<i>Today</i>
173	C		Several Steaks in Freezer stored above other food	
205	NC	X	Also metal pan sitting on top of Shrimp at cold topping area Cardboard being used as a liner in walk in cooler Must be removed	
295	C		In dish wash area clean lids placed in plastic tub to dry - bottom of tub is sealed w/ clear food	

Received by (name and title printed): <i>[Signature]</i>	Inspected by (name and title printed): <i>Dean Lund PSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5/12/23

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 5/3/23.

Date:	Action Taken:
<u>5/3/23</u>	<u>Sanitizer placed in bar area</u>
<u>5/3/23</u>	<u>Steaks stored in walk-in cooler and freezer</u>
<u>5/3/23</u>	<u>Metal pan removed from shrimp</u>
<u>5/4/23</u>	<u>Calboard removed from walk-in cooler as liner</u>
<u>5/3/23</u>	<u>Lids in dishwasher area have been stored properly</u>

Thank you so much.

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

Name of Respondent: Juan Guerra Title: Operations Manager

Establishment Name: Casa Brava Mexican Restaurant

Address: 3109 S Western Ave Marion IN 46953