

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.

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Establishme	ent Name		M (111) D 1	Telephone Number	Date of Insp (mm/dd/yr)	ection ID#		
Casa	(g-Ra)	VD	e Mex Grill è Bar	() Stablishment	(
Establishme	ent Addres	s (nui	mber and street, city, state, ZIP code)	Devner 1777	2273	スカータ/		
6730	à An	11/	Way DR 645 City	99 8 wher 1778	$\rho \propto 0$	·		
Owner		τ		Purpose:	Follow-up	Release Date		
1100	20 ¹	101	hez	1. Routine		1000X		
Owner's Ad	ldress		Λ	2. Follow-up	Summary of Violations:			
700	WA	l au	NUGNO AVE	3. Complaint				
Person in C			A Parameter State of the State	7	-c2	NC R		
	MAG	>		4. Pre-Operational				
Responsible	Person's	E-ma	il	5. Temporary	Menu Typ	e (See back of page)		
•		water of the last		6. HACCP		3.0		
Certified Fo	ood Handle	er		7. Other (list)	1 2	3 4 5		
/۸	100 0	ΩΛ	cher Exp 10-2027					
			1	ALDVED SC?	I			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATIO	N(S) REPE.	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ID IN THE NA	RRATIVE BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Corrected By		
295	C		Clean Plates at Hot Live Stoned Clean Today					
					· · · · · · ·			
			142 1-000 00000000 000 FILE	has Food deBRS on them				
1 1	<i></i> ;							
171			Employee cutting le Huce with no Consected					
			S/oves on					
			/(0000					
200	410		En - 18 to Chun 15 Taile I wild					
270	10		FRONT OF 18 TOP Stove 15 Soiled with					
			Food debill 3					
			·					
						/		
						1		
				C-MM-m-				
				and the second s				
				p				
		_						
Received by (name and title printed); Inspected by (name and title printed);								
Rosalio Sanchez Dott-Kilendoll Vally Such								
Received by (signature): Inspected by (signature):								
Karlo dela del Jest 1880 Man / Nelar Kull 1897								
cc: cc: cc:								

Operator Response to Inspection State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone	765-651-2401 Ext. 3123 / 3111	
Fax	765-651-2419	DATE:
Gran	t County Health Departm	nent ·
	6. Adams St.	•
Mario	on, IN. 46953	
DAYS.		THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10
The fo	llowing is a response to the insp Small / Scott kikendall from the Gr	nection report prepared by the Health Department Food Safety Officer ant Co. Health Department on <u>2-28-33</u> .
DATE:	Action Taken	;
	are clean in	der Het Ime & check the area der Het Ime deing too the Employees Used Gloves we prepared feed. Show too cleaning more free compty
(PLEA	ASE FORWARD THIS FORM TO GR	ANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)
Name Estal	e of Respondent: <u>Nac a</u> plishment Name: <u>(a s</u> a	July Dr. Cas City -110 46933

Attach additional sheets as needed.