



**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 LA Cascada	Telephone Number (765) Establishment 573-4831	Date of Inspection (mm/dd/yr) 2-2-23	ID # 27
Establishment Address (number and street, city, state, ZIP code) 212 W MAIN ST GAS CITY	Owner EDIS	Follow-up NR	Release Date 10 days
Owner's Address 1430 Woodcliff DR Anderson	Purpose: 1. Routine	Summary of Violations: C4 NC3 R1	
Person in Charge M/Carid	2. Follow-up	Menu Type (See back of page) 1 2 3 X 4 5	
Responsible Person's E-mail _____	3. Complaint		
Certified Food Handler EDIS Melja Exp 8-2026	4. Pre-Operational		
	5. Temporary		
	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
173	C		Plastic Bags sitting on top of meat in cooler	Today
295	C		Knife on west end of cooler stuck in top	}
			15 Soiled; Ice scoop laying directly on ice in fountain	
307	NC	X	Wall next to cooler has dried food debris	
430	NC		Bottom of door in back needs door sweep fixed	
177	NC		Food in top of freezer not covered to include Bin with Beans has plastic bag needs lid fixed	}
274	C		NO water at 3-Bay Sinks or Hand Sinks	
303	C		NO sanitizer made up throughout kitchen	

Received by (name and title printed): Chick	Inspected by (name and title printed): Scott R Kendall / Dean Self
Received by (signature):	Inspected by (signature): Scott R Kendall / Dean Self
cc:	cc: