



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

3 days

Date
Time In
Time Out

No. of Risk Factor/Intervention Violations

No. of Repeat Risk Factor/Intervention
Violations

Establishment	Address	City/State	Zip Code	Telephone
Casa Brava	3109 S. Western Ave	Marion IN	46953	765-662-9333
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
2025-292	Sergio's Mariano	routine	3	4

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status	COS	R
Supervision						
1 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Person in charge present, demonstrates knowledge, and performs duties		17 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
2 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Certified Food Protection Manager		18 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures
Employee Health						
3 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding
4 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper use of restriction and exclusion		20 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperature
5 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Procedures for responding to vomiting and diarrheal events		21 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures
Good Hygienic Practices						
6 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco products use		22 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures
7 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth		23 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking and disposition
Preventing Contamination by Hands						
8 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Hands clean & properly washed		24 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a Public Health Control; procedures & records
9 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory		
10 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Adequate handwashing sinks properly supplied and accessible		25 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Consumer advisory provided for raw/undercooked food
Approved Source						
11 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food obtained from approved source		Highly Susceptible Populations		
12 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature		26 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized foods used; prohibited foods not offered
13 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food in good condition, safe, & unadulterated		27 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food additives: approved & properly used
14 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: molluscan shellfish identification, parasite destruction		28 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Toxic substances properly identified, stored, & used
Protection from Contamination						
15 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected		Conformance with Approved Procedures		
16 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food-contact surfaces; cleaned & sanitized		29 <input checked="" type="checkbox"/> IN	OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Compliance with variance/specialized process/HACCP
GOOD RETAIL PRACTICES						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS=corrected on-site during inspection		R=repeat violation
Compliance Status		COS	R	Compliance Status	COS	R
Safe Food and Water						
30 <input checked="" type="checkbox"/>	Pasteurized eggs used where required			43 <input checked="" type="checkbox"/>	In-use utensils: properly stored	
31 <input checked="" type="checkbox"/>	Water & ice from approved source			44 <input checked="" type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled	
32 <input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			45 <input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	
Food Temperature Control						
33 <input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			46 <input checked="" type="checkbox"/>	Gloves used properly	
34 <input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			47 <input checked="" type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
35 <input checked="" type="checkbox"/>	Approved thawing methods used			48 <input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	
36 <input checked="" type="checkbox"/>	Thermometers provided & accurate			49 <input checked="" type="checkbox"/>	Non-food contact surfaces clean	
Food Identification						
37 <input checked="" type="checkbox"/>	Food properly labeled; original container			50 <input checked="" type="checkbox"/>	Hot & cold water available; adequate pressure	
Prevention of Food Contamination						
38 <input checked="" type="checkbox"/>	Insects, rodents, & animals not present			51 <input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	
39 <input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display			52 <input checked="" type="checkbox"/>	Sewage & wastewater properly disposed	
40 <input checked="" type="checkbox"/>	Personal cleanliness			53 <input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned	
41 <input checked="" type="checkbox"/>	Wiping cloths: properly used & stored			54 <input checked="" type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	
42 <input checked="" type="checkbox"/>	Washing fruits & vegetables			55 <input checked="" type="checkbox"/>	Physical facilities installed, maintained, & clean	
Physical Facilities						
43 <input checked="" type="checkbox"/>	Adequate ventilation & lighting; designated areas used			56 <input checked="" type="checkbox"/>	Adequate ventilation & lighting; designated areas used	

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Person In Charge (Signature)

Date: 10-8-2025

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date

