



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>Caro Brava</i>	Telephone Number (Establishment Owner <i>765-662-9333</i>	Date of Inspection (mm/dd/yr) <i>4/8/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3109 So. Western Ave., Marion</i>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) <i>Bunley Brooks</i>	Follow-up <i>NO</i>	Release Date <i>(10 days)</i>
Owner <i>Sergio Antonio Juan Guerra</i>	Summary of Violations: <i>C NC R</i>		
Owner's Address <i>Same</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>		
Person in Charge <i>J. Guerra</i>			
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Bunley Brooks</i>			
Inspection Date <i>9/18/21</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"

Received by (name and title printed):

Inspected by (name and title printed):

—100 ann.

Neurology

cc:

65

80