



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 Grande Marion Grill</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>8/8/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>10732 Amy Way Inv</i>			
Owner <i>Noe Sanchez</i>	Purpose: <i>1. Routine</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>Marion Inv</i>	2. Follow-up	Summary of Violations: <i>P/F P/F C L R</i>	
Person in Charge <i>same</i>	3. Complaint		
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational		
Certified Food Handler <i>Noe Sanchez</i>	5. Temporary	Menu Type (See back of page)	
	6. HACCP	1	2
	7. Other (list) <i>10/30/22</i>	3	4
		5	

- 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):

Received by (signature)

Kyle Jensen

CC:

CC

CC

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 8/8/25

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 _____.

Date: _____ **Action Taken:** _____

189 (3) C

We work on that, we put stored of 6 inches
no put some items on the floor, we work with
Employees not put items on the floor.!!

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

Name of Respondent: Noe Sanchez Title: President or Manager

Establishment Name: Casa Grande Mexican Grill & Bar

Address: 6732 Amy way Dr Gas City, IN 46933