



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: CASA Grande, Telephone Number: () Establishment, Date of Inspection: 2/29/24, ID #: 27, Establishment Address: 6732 Amy Way, Owner: Noe Sanchez, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Owner's Address: Same, Person in Charge: Luis, Responsible Person's E-mail: , Certified Food Handler: Noe Sanchez exp 10/27

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'NO VIOLATIONS' in the Narrative column.

Received by (name and title printed): Luis Miguel Sanchez, Inspected by (name and title printed): April Legare FSIO, Received by (signature): [Signature], Inspected by (signature): [Signature], cc: []