



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.

Form with fields: Establishment Name (CASA BRAVO), Telephone Number (765), Date of Inspection (10-5-20), ID # (27), Establishment Address (3109 S Western Ave Marion), Owner (Gioro Montano), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (2250 W 9th), Person in Charge (GIOVANNI), Responsible Person's E-mail, Certified Food Handler.

- 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 3 rows of violations: 295 NC Ice scoop laying directly on ice in ice machine in bar area; 345 C Hand sink has dishes stored in it and air freshener hanging from side of sink; 297 NC 2 microwaves soiled with food debris.

Received by (name and title printed): Giovanni Montano; Inspected by (name and title printed): Scott Kikendall; Received by (signature); Inspected by (signature); cc: fields.