



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

7-26

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>Habonero Grill</i>		Telephone Number () Establishment <i>573-4779</i>	Date of Inspection (mm/dd/yr) <i>8/19/25</i>	ID # <i>27</i>	
Establishment Address (number and street, city, state, ZIP code) <i>864 E. 45th St., Marion</i>		() Owner <i>573-4779</i>			
Owner <i>José Luis Belli Chapale</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>NO</i>	Release Date		
Owner's Address <i>Sample</i>	Summary of Violations: <i>P</i> — <i>PF</i> — <i>C</i> —		Menu Type (See back of page)		
Person in Charge <i>Mitza</i>			1 — 2 — 3 <i>X</i> — 4 — 5 —		
Responsible Person's E-mail _____					
Certified Food Handler <i>José Luis Belli Chapale 11/28/22</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"					
Section#	C/NC	R	Narrative		To Be Corrected By
			<i>No violations</i>		
Received by (name and title printed): <i>Mitza</i>			Inspected by (name and title printed): <i>Angel R. McCallum</i>		
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature]</i>		
cc:		cc:		cc:	