

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 La Cascades	Telephone Number (765) Establishment Leona 55-39) Owner	Date of Inspection (mm/dd/yr) 8/05/2005	ID # 27
Establishment Address (number and street, city, state, ZIP code) 212 W. Main St Gas City	Purpose: 1. Routine	Follow-up	Release Date
Owner Edu A Mejia	2. Follow-up	Summary of Violations: p p 1 2 R	
Owner's Address same	3. Complaint	Menu Type (See back of page)	
Person in Charge Hilario Robto Chalcha	4. Pre-Operational	1 2 3 X 4 5	
Responsible Person's E-mail	5. Temporary		
Certified Food Handler Eduas A m r l e y	6. HACCP		
12/8/20 EXP 12/8/20	7. Other (list)		

• 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/N/C	R	Narrative	To Be Corrected By
237a	pf		Now food contact surfaces - - Door handles on freezers - Door handles on coolers upright.	corrected onsite
444c	E		Cooler Floor been bent by vendor creating a trip hazard.	
01B 229 316	C P	X	Mold build up in ice machine	

Received by (name and title printed): <i>Hilario Polito Chalhau</i>		Inspected by (name and title printed): <i>Kyle Kehuss</i>	
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>	
cc:		cc:	