



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 La Cascada		Telephone Number (765) Establishment Levada 5539 (765) Owner	Date of Inspection (mm/dd/yr) 8/05/2025	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 212 W. Main St GAS CITY		<p>Purpose:</p> <p>1. Routine</p> <p>2. Follow-up</p> <p>3. Complaint</p> <p>4. Pre-Operational</p> <p>5. Temporary</p> <p>6. HACCP</p> <p>7. Other (list)</p>	Follow-up	Release Date	
Owner Edicis A Mejia			Summary of Violations: P pf L C2 R L		
Owner's Address SNM					
Person in Charge Hilario Polito Chalha					
Responsible Person's E-mail					
Certified Food Handler Edicis A Mejia 12/8/21 Exp 12/8/26			Menu Type (See back of page) 1 2 3 X 4 5		
<ul style="list-style-type: none"> • 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
234a	pf		Non food contact surfaces - - Door handles on freezers - Door handles on coolers upright.		corrected outside
444c	C		Cooler floor been bent by vendor creating a trip hazard.		
01b 229 316	C	X	Mold build up in ice machine		
P					
Received by (name and title printed): Hilario Polito Chalha			Inspected by (name and title printed): Kyle Kehus		
Received by (signature): John			Inspected by (signature): JKL		
cc:		cc:	cc:		