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 Casada	**Telephone Number** () Establishment () Owner	**Date of Inspection** *(mm/dd/yr)* 8/29/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 212 W Main St. Gas City			
Owner Edis McVia	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** YES	**Release Date** 10 days
Owner's Address SAME		**Summary of Violations:** C 2 NC 1 R	
Person in Charge Efren Polito			
Responsible Person's E-mail N/A		**Menu Type** *(See back of page)* 1 2 3 4 5	
Certified Food Handler Edis McVia exp 12/2024			

- 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
345	C		Two hand washing sink soiled on had an Ice scoop INside.	
295	C		Counter tops soiled with debris & Grease throughout Kitchen on food contact surfaces	
307	NC		Hood system out of compliance. OWNER did note the service has been scheduled.	15 Day follow up
			The follow NON food contact surfaces are soiled with debris & Grease - Floors - throughout entire Kitchen - ceilings & vents throughout Kitchen - under eqpt. to include casters - Front, sides, and back of All eqpt.	

Received by (*name and title printed*): Efren	Inspected by (*name and title printed*): Kyle Kellogg Food Inspector
Received by (*signature*): EfrenPolito	Inspected by (*signature*):
cc:	cc: cc: