



**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 <u>La Cascada</u>	Telephone Number ( <u>765</u> ) <u>602-5539</u> ( <u>Owner</u> )	Date of Inspection (mm/dd/yr) <u>1-13-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, zip code) <u>312 W. Main St., Bos City</u>			
Owner <u>Edwin Moya</u>	Purpose: <u>1. Routine</u>	Follow-up <u>NO</u>	Release Date <u>100 days</u>
Owner's Address <u>Same</u>	Summary of Violations: <u>C 1 NC 2 R 3</u>		
Person in Charge <u>Edwin Moya</u>			
Responsible Person's E-mail <u>_____</u>	Menu Type (See back of page) <u>1 2 3 X 4 5</u>		
Certified Food Handler <u>Edwin Moya 100 12/8/21</u>			

- 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"

Received by (name and title printed):

Inspected by (name and title written):

Received by ~~the~~ (incorrect)

1100

cc:

667

663