



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.

Form header section containing: Establishment Name (La Cascada), Telephone Number (765 Establishment), Date of Inspection (2-24-22), ID # (27), Establishment Address (212 W MAIN ST CAS CITY), Owner (Edis McJig), Purpose (1. Routine), Follow-up (Yes), Release Date (10 days), Owner's Address (1430 Woodschiff DR Anderson), Person in Charge (Hilario), Responsible Person's E-mail, Certified Food Handler (Hilario Polite Exp 2-2025), and Summary of Violations (3 NC 4 R 3).

• 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains 7 rows of violations including food contact items, freezer shelves, employee hygiene, hand sinks, and cell phone use.

Form footer section containing: Received by (name and title printed) Hilario Polite, Inspected by (name and title printed) Scott Kiser/Debra Small, Received by (signature) Hilario Polite, Inspected by (signature) Scott Kiser/Debra Small, and CC fields.