



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>Verde Tropical</u>	Telephone Number () <u>783</u> Establishment <u>603-9421</u> Owner	Date of Inspection (mm/dd/yr) <u>3/21/23</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1311 W. Billeaud St., Marion</u>			
Owner <u>Stephanie Iretu</u>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) _____	Follow-up <u>NO</u>	Release Date <u>00 days</u>
Owner's Address <u>Some</u>	Summary of Violations:		
Person in Charge <u>Stephanie</u>	C <u>3</u> NC <u>1</u> R <u>—</u>		
Responsible Person's E-mail <u>—</u>	Menu Type (See back of page)		
Certified Food Handler <u>Stephanie Iretu</u>	1 <u>2</u> X <u>3</u> <u>4</u> <u>5</u>		
	3/20/23		

- 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		Hand sink in kitchen dirty and has debris in it - Hand wash only	today
303	C		No Sanitizer Made up	
291	NC		No Test strips provided for sanitizer	
191	C		Date Marking in cooler in back - no dates on milk and produce	

Received by (name and title printed):

Inspected by (name and title printed)

Stephanie. Treto

~~Therapeutic Agents~~

Received by (signature):

Inspected by John Smith

Received by (signature): Stephani Lub

Inspected by (signature):

55

cc

66