



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 Jacos Dom Buero #2			Telephone Number () Establishment () Owner		Date of Inspection (mm/dd/yr) 6-17-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1504 Madison Blvd Marion						
Owner Doris Santillan			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) HACCP		Follow-up	Release Date
Owner's Address Same					Summary of Violations: P AC R	
Person in Charge Doris Santillan					Menu Type (See back of page) 1 2 3 P 4 5	
Responsible Person's E-mail						
Certified Food Handler Doris Santillan						
• 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
			Make sure water gets HOT			
			No violation P			
Received by (name and title printed): Doris Santillan						
Inspected by (name and title printed): Doris Santillan						
Received by (signature): Doris Santillan						
Inspected by (signature): Doris Santillan						
cc:		cc:			cc:	