



**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 <i>CASA BRAVO</i>	Telephone Number <i>(768) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>2-27-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3109 S. WASHAW AVE</i>	Owner <i>(602) 7333</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Gianni Montano</i>	Purpose: <input checked="" type="radio"/> Routine <input type="radio"/> Follow-up <input checked="" type="radio"/> Complaint <input type="radio"/> Pre-Operational <input type="radio"/> Temporary <input type="radio"/> HACCP <input type="radio"/> Other (list)	Summary of Violations: <i>C 4 NC 4 R 2</i>	
Owner's Address <i>2250 W 9th</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Gianni Montano</i>			
Responsible Person's E-mail _____			
Certified Food Handler <i>Sergio Christof Bell</i>			

- 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
191	C	X	In walk in cooler - raw beef chicken and cooked ground beef no date marking	Today
295	NC		the following 'Non food' contact items is soiled.	
		1)	Racks in side walk in / RACKS BY 3 BAY SINK	
		2)	under Deep fryer to include Deep Fryer	
187	C		Refried beans sitting out at room temp - kept at 60°F	
		X	also Queso cheese topped 129°F	
345	C		Knife laying in hand sink	
294	C		no sanitizer made up in front or back	
291	NC		Need Quat test strips for bar area	
238	NC		Ice buckets not inverted	
245	NC		wet wiping cloths laying on prep tables throughout	

Received by (name and title printed): <i>X Giovanni Montano</i>	Inspected by (name and title printed): <i>Dean Smith / PSH / D CAER / PSH</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>[Signature] / Mark [Signature]</i>
cc:	cc:

Grant Co. Health Department

401 South Adams Street
Marion, IN 46953

Phone 765-651-2401 ext. 111, or 123
Fax 765-651-2419

RETAIL FOOD OUTLET CONSUMER COMPLAINT FORM

*E-MAILED TO
DALE & DEAN
BY "FOOD SERVICE"*

Date 2/26/2020

Name of Establishment: Casa Brava

Address of Establishment: 3109 S. Western Ave., Marion, IN 469

Summary of Complaint: On 2/26 at approx. 4pm, I ate at Casa
Brava. I had a quesadilla. By 8:30pm, my stomach
started hurting and I began vomiting and having diarrhea
It's 10:30pm, and I am still puking and having diarrhea.

Name of Complainant: Maggie Russell

Address: 3912 S. Carey Street, Marion, IN 46953

Phone Number: (765) 618-1062

I believe the above mentioned situation to be a public health problem and the information provided is factual to the best of my knowledge. I further understand that should legal action become necessary, I may be called upon for testimony.

Signature: _____

Do Not Write Below This Area

Date Received 2/27/2020

Referral Made? Yes () No

To Whom

Manager * *[Signature]*

Health Hazard Found

REFUSED Beans in a pan Temped @ 60°F
told by employee just brought out from
COOLER temps in cooler are 41°F or below
this product DISCARDED By MHR
also queso temped @ 129°F

Complaint Investigated By:

R. Rabe Can - FSJD / DEAN Small - FSJD

Environmental Health Specialist's Recommendations:

Keep track of time don't let product set get
into danger zone
also on queso make sure heated to 165°F if reheat
hold @ 135°F

Conclusion of The Health Officer:

SAME AS INSPECTORS

Complaint Closed () Yes No

Date

2/27/2020

Waiting on stool sample report from
patient / complainant (per)

Health Officer

Date:

2/27/2020

[Signature] - FSJD

Environmental Health Specialist
Grant County Health Department

[Signature] FSJD