# 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** Cabo Grande Mexican Grill & Bar | **Telephone Number** ( 765 ) Establishment ( 998 1888 ) Owner | **Date of Inspection** (*mm/dd/yr*) 9/19/24 | **ID #** 27 |
| **Establishment Address** (*number and street, city, state, ZIP code*) 6732 Amy Way, Bss City | | | |
| **Owner** Val Sanchez | **Purpose:** 1. Routine | **Follow-up** NO | **Release Date** 10 Days |
| **Owner's Address** Same | 2. Follow-up | **Summary of Violations:** | |
| **Person in Charge** Val | 3. Complaint | C___ NC___ R___ | |
| **Responsible Person's E-mail** — | 4. Pre-Operational | | |
| **Certified Food Handler** Val Sanchez | 5. Temporary | **Menu Type** (*See back of page*) | |
| | 6. HACCP | 1___ 2___ 3 X 4___ 5___ | |
| | 7. Other (*list*) ___ | | |

- 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 |
|---|---|---|---|---|
| | | | No Violations | |

Received by (*name and title printed*): [illegible]

Received by (*signature*): Luis Miguel Sanchez

Inspected by (*name and title printed*): Douglas McCallum

Inspected by (*signature*): [signature] 2510

| cc: | cc: | cc: |
|---|---|---|
| | | |