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~~ 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 LA Cascada	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 4-3-25 765-573-4831	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 212 W Main St.			
Owner Elis A McSin	**Purpose:** 1. Routine 2. Follow-up 85% 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 10 days
Owner's Address 1430 Woodscliff Dr Anderson		**Summary of Violations:** 9 ~~PF~~ ~~C~~ ~~R~~	
Person in Charge Gloria			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 2 3 X 4 5	
Certified Food Handler Elis McSin			

- 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#	~~CNC~~	R	Narrative	To Be Corrected By
			Violations from previous inspection have been corrected.	

Received by (*name and title printed*): Hilario Pollo Chalcha	Inspected by (*name and title printed*): Dean Snoff
Received by (*signature*):	Inspected by (*signature*):

cc:	cc:	cc: