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: La Cascada	**Telephone Number** ( ) Establishment: 765 ( ) Owner: 602 5539	**Date of Inspection** (*mm/dd/yr*): 9/9/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 212 W. Main St., Gas City	**Purpose:** 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**	**Release Date**: 10 Days
Owner: Edis N Mejia		**Summary of Violations:** C 1 NC 2 R —	
Owner's Address: 4430 Woodcliff Dr., Anderson			
Person in Charge: Alex		**Menu Type** (*See back of page*): 1 ___ 2 ___ 3 X 4 ___ 5 ___	
Responsible Person's E-mail: edismejia230@yahoo.com			
Certified Food Handler: EdIS A Mejia ISSUED 12/26			

- 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
430	NC		Back of building - Must have screen door or must be shut	Today
307	NC		Hood System out of compliance From follow up on 8/29/24 - Ceilings and Vents - underneath to include casters - Front, sides and back of appt.	Pending
245	C		Grease dripping down hood system onto grill and fryer Follow up with Health Dept 765-651-2401	Today

Received by (*name and title printed*): Hilario Pablo	Inspected by (*name and title printed*): Angela Bruce-Collum
Received by (*signature*):	Inspected by (*signature*): 510

cc:	cc:	cc: