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 Charreada Mexican Restaurant	**Telephone Number** ( ) Establishment 765 ( ) Owner 651-0852	**Date of Inspection** *(mm/dd/yr)* 10/23/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1102 N. Baldwin Ave., Marion			
Owner Soerates Montano Bloomington IN	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 10/23/24
Owner's Address		**Summary of Violations:** C 1 NC — R —	
Person in Charge Juan			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 3 X 4 5	
Certified Food Handler Juan Guerra Issued 9/18/21			

- **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
245	C		[redacted] Pans stored clean sitting on shelf by walk in cooler	ASAP

Received by (*name and title printed*):
Juan C. Guerra

Received by (*signature*):

Inspected by (*name and title printed*):
Angela Shae Cottum

Inspected by (*signature*):

cc:	cc:	cc: