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: Tacos Don Bucho #1	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 7/3/25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1504 Lincoln Blvd Marion			
Owner: Osvis Santillan	**Purpose**: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) Buffet Mobile Unit	**Follow-up**	**Release Date**: 100 days
Owner's Address: Same		**Summary of Violations**: P 1 NC 1 R -	
Person in Charge: Osvis Santillan			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 3 X 4 5	
Certified Food Handler: Osvis Santillan			

- 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
279	PF		No thermometers.	Today
282(a)	P		No sanitizer on site	

Received by (*name and title printed*): Osvis Santillan

Received by (*signature*): Osvis Santillan

Inspected by (*name and title printed*): Angela Ramsey McCallum

Inspected by (*signature*): Angela Ramsey McCallum

cc: | cc: | cc: