



**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 Casa BRAVO	Telephone Number 765 Establishment	Date of Inspection (mm/dd/yr) 6-3-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3109 S Western Ave Marion	Owner 662-9333	Follow-up NO	
Owner Socrates Montoro	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Release Date 10 days	
Owner's Address 2028 S Hawks Moore Dr		Summary of Violations: C L NC L R L	
Person in Charge Giovanni			
Responsible Person's E-mail [redacted]		Menu Type (See back of page) 1 2 3 X 4 5	
Certified Food Handler Serigo Cristoval Exp 11-2021			

• 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
191	C		Need to date MARZ Several containers Today IN WALK IN COOLER: 7 days including First day prepared	↙
146	NC X		Several containers in walk in cooler with no labeling	

Received by (name and title printed): Giovanni Montoro	Inspected by (name and title printed): Scott Kendall / Deputy Sheriff
Received by (signature): 	Inspected by (signature):

cc: _____