



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Grant County Health Dept
401 S Adams St.
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 CASCADE	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 1-30-2020	ID # 27
Establishment Address (number and street, city, state, ZIP code) 212 W MAIN ST. GAS CITY		Follow-up	Release Date
Owner Alex Mejia	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) FIRE	Summary of Violations: C___ NC___ R___	
Owner's Address		Menu Type (See back of page) 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Person in Charge Alex Mejia			
Responsible Person's E-mail N/A			
Certified Food Handler			

- 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
			- NEED TO CLEAN ROOF & VENT, REMOVE GREASE	
			- ALL TABLES / Booth need cleaned	
			- BRAND CLINE GAS CITY BLDG DEPT OK WITH REPAIRS	
			- Scott OLIVER - FIRE DEPT OK	
			OK to open 1-31-2020	

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: