



**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 <i>La Charreada</i>		Telephone Number (<i>768</i>) Establishment (<i>651</i>) Owner <i>0652</i>	Date of Inspection (mm/dd/yr) <i>4-30-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1102 N Baldwin Ave Marion</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Socrates Montano</i>			Summary of Violations: <i>C — NC / R (</i>	
Owner's Address <i>2028 Hawkmoore Dr</i>			Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>JUAN</i>				
Responsible Person's E-mail				
Certified Food Handler <i>Edward Valero exp 2020</i>				
<ul style="list-style-type: none"> • 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
<i>295</i>	<i>NC</i>		<i>Top of Dishwasher is soiled with Food debris</i>	<i>Corrected</i>
Received by (name and title printed): <i>Jilson Guerra</i>		Inspected by (name and title printed): <i>Scott Cikender</i>		
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>Scott Cikender FSTO</i>		
cc:		cc:		cc: