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 Charrende	**Telephone Number** (765) Establishment ( ) Owner 651-0652	**Date of Inspection** (*mm/dd/yr*) 10-19-21	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1102 N Baldwin Ave			
Owner Socrates Montane	**Purpose:** 1. ~~Routine~~ 2. ~~Follow-up~~ 9-28-21 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** No	**Release Date** 10 days
Owner's Address Bloomington IN		**Summary of Violations:** C 1 NC — R 1	
Person in Charge Jaun			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 2 3 X 4 5	
Certified Food Handler Juan Guerra exp 9-2024			

• 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	X	Several pans of chicken, etc in cooler Not date marked.	ASAP

Received by (*name and title printed*): Juan Guerra	Inspected by (*name and title printed*): Dean Small / Scott Kilander
Received by (*signature*): Juan Guerra	Inspected by (*signature*): Dean Small / Scott Kilander
cc:	cc: / cc: