



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.

Form with fields: Establishment Name (TACOS NO MAS), Telephone Number (765 Establishment, 573-4798 Owner), Date of Inspection (5/11/21), ID # (27), Establishment Address (135 W MAIN ST GRS CITY), Owner (Abel Garcia), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (209 Locust DR), Person in Charge (Abel), Responsible Person's E-mail, Certified Food Handler (Pending), Summary of Violations (C, NC, R), Menu Type (1, 2, 3, 4, 5).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations'.

Received by (name and title printed): ABEL GARCIA; Inspected by (name and title printed): DEM... - P...; Received by (signature); Inspected by (signature); cc: fields.