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 Valerio's	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 10-9-21	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 917 S. McClure St.			
Owner Raquel Valerio	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NO	**Release Date** 70 days
Owner's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge Raquel			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1___ 2___ 3 X 4___ 5___	
Certified Food Handler Raquel Valerio's exp 2026			

• 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
			OK to Sale	

Received by (*name and title printed*): Raquel Valerio	Inspected by (*name and title printed*): Dean Small
Received by (*signature*): Raquel Valerio	Inspected by (*signature*): Dean Small FSto
cc:	cc:	cc: