



**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>Don Don Burro</i>		Telephone Number ( ) Establishment  ( ) Owner	Date of Inspection (mm/dd/yr) <i>6-18-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1504 Ymcaom Blvd</i>				
Owner <i>Dennis Santillan</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up	Release Date <i>10 days</i>
Owner's Address <i>Same</i>			Summary of Violations:  C ___ NC ___ R ___	
Person in Charge <i>Dennis Santillan</i>			Menu Type (See back of page)  1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Responsible Person's E-mail				
Certified Food Handler <i>Dennis Santillan</i>				

- 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>No violations</i>	

Received by (name and title printed): <i>Joe Bonviro</i>		Inspected by (name and title printed): <i>Sean Rueff</i>		
Received by (signature): <i>Joe Bonviro</i>		Inspected by (signature): <i>Sean Rueff</i>		
cc:		cc:		cc: