



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: JACO DON BUENO, Telephone Number: () Establishment, Date of Inspection: 4-24-24, ID #: 27, Establishment Address: 1504 Mason Blvd, Owner: Dennis Santellan, Purpose: 5. Temporary, Follow-up: N, Release Date: 10 days, Person in Charge: Same, Certified Food Handler: Dennis Santellan

- 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 3 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 295, NC, (blank), Toy of 2 burner was dented and debar, (blank)

Received by (name and title printed): JASC celac... Inspected by (name and title printed): Dean... Received by (signature): [Signature] Inspected by (signature): [Signature]