



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 (Valerio's Birria), Telephone Number, Date of Inspection (4-21-24), ID # (27), Establishment Address (9175 McClure), Owner (Valerio), Purpose (Temporary), Follow-up (No), Release Date (10 days), Summary of Violations (C, NC, R), Menu Type (1, 2, 3, 4, 5), Certified Food Handler (Valerio 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"

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

Received by (name and title printed): Raquel S. Valerio; Inspected by (name and title printed): Dem...; Received by (signature): Raquel S. Valerio; Inspected by (signature): Dem...