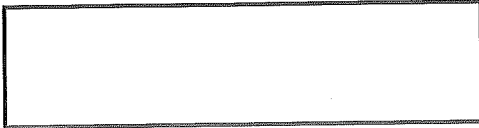




RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001



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 EL METATE Mexican	Telephone Number 9105 Establishment 948-3005	Date of Inspection (mm/dd/yr) 12-18-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 203 W 6th St Muncie	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up Yes	Release Date 10 days
Owner Luis Sanchez	Owner's Address 700 W Hancock Muncie	Summary of Violations: C 4 NC 1 R 1	
Person in Charge Luis Sanchez	Responsible Person's E-mail N/A	Menu Type (See back of page) 1 2 3/4 5	
Certified Food Handler Luis Sanchez exp 2/2023			

- 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
410	C		Hand sink soiled w/ food. only for washing hands	Today
191	C	X	Tampons in floor cooler dated 12-1-19 - discarded Chicken & beef in walk in cooler not date marked	}
187	C		Queso Cheese sitting on steam table temp'd 42° F. Corrected	
439	C		2 bottles of bleach sitting on prep table next to food & to go boxes.	Today

Received by (name and title printed): Luis Sanchez	Inspected by (name and title printed): Deer Small FSD
Received by (signature): 	Inspected by (signature):
cc:	cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 12-26-19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 12-18-19.

- DATE: Action Taken:
- 410 we trained to use only for washed hands Employed.
 - 191 we mark the name and date the checks and food and hand's mark too and check all food mark and date
 - 187 we are checking the temperature every time
 - 439 the bleach was put on the place correct.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Luis Sanchez Title: Manager

Establishment Name: El Motate Mex Grill & Bar

Address: 203 W. Edith St Fairmount Indiana 46928

o Attach additional sheets as needed.