



**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>El Metate Mexican</i>	Telephone Number <i>(765) Establishment (948) 3005</i>	Date of Inspection <i>(mm/dd/yr) 4-15-19</i>	ID # <i>27</i>
Establishment Address <i>203 W 8th St PAIRMONT</i>	Owner <i>Rosalio Sanchez</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input checked="" type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>-</i>
Owner's Address <i>700 W HARVARD MUNCIE</i>	Person in Charge <i>Carlos Cuatrecasas</i>	Release Date <i>10 days</i>	Summary of Violations: <i>C 3 NC 3 R 1</i>
Responsible Person's E-mail <i>N/A</i>	Certified Food Handler <i>Luis Sanchez exp 9/2022</i>	Menu Type (See back of page) <i>1 2 3 4 5</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
136	C		Employee in Kitchen by food observed drinking AND eating.	Corrected
295	C		The following "Food contact" items is soiled w/ dried food 1) Manual can opener to include blades 2) Plates stored clean 3) 2 Knives hanging on wall	Today
295	NC		Top of the black stove also drip trays is soiled w/ dried food.	
191	C		In small refrigerator - PORK & TRESA/ in container NOT DATE MARKED	DISCARDED
297	NC	X	Gold Peak Tea dispenser has brown residue Needs cleaned every 24 hrs	Today
426	NC		Premises clear of unnecessary items - litter All equipment out Break needs to be removed	30 days

Received by (name and title printed): <i>Carlos Cuatrecasas</i>	Inspected by (name and title printed): <i>Dean Prall FST</i>
Received by (signature): <i>Carlos Cuatrecasas</i>	Inspected by (signature): <i>Dean Prall FST</i>
cc:	cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419
e-mail foods@grantcounty.gov.

DATE: 4-23-19

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 4-15-2019.

DATE: Action Taken:

- 136 C Employee is now training do not eating, smoke and drink close to the food
- 295 C We are cleaning every day. Openers and blades. We are ~~per~~ care w/ the plates and cleaning 2 knives
- 295 NC We are cleaning every three day or two times a week
- 191 C we star, instead to the names All food.
- 297 NC We are cleaning every month
- 426 NC we star to move to garage / in house

Name of Respondent: Carlos Castellano Title: Manager

Establishment Name: EL METATE Grill & Bar

Address: 203 W. 8th St Fairmont, IN 46928

Attach additional sheets as needed.