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: El Rinconcito	**Telephone Number** ( ) Establishment 765 ( ) Owner 573-5064	**Date of Inspection** (mm/dd/yr): 10-29-21	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 3304 S Washington St Marion			
Owner: Rogelio Pena	**Purpose:** 1. Routine	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 3202 S Washington St Marion	2. Follow-up	**Summary of Violations:**	
Person in Charge: Leslie Musick	3. Complaint	C 1 NC 1 R	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (See back of page)	
Certified Food Handler: Sondra Nolder Exp 10-2025	5. Temporary 6. HACCP 7. Other (list)	1 2 3 X 4 5	

- 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
295	NC		The drip tray on Nacho machine is soiled with dry food debris from day before	Today
344	C		There is a bowl and lid in hand sink in kitchen: Hand wash only	Removed

Received by (name and title printed): Leslie Musick

Received by (signature):

Inspected by (name and title printed): Scott Kilkendall

Inspected by (signature): Scott Kilkendall FSO

cc:	cc:	cc: