



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**  
State Form 48669 (R/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 <b>ESMERALDAS</b>	Telephone Number (765) Establishment <b>573-3051</b>	Date of Inspection (mm/dd/yr) <b>11-30-20</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>2213 Westwood Sq MARION</b>	Owner <b>Rosalina Sanchez Pena</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Rosalina Sanchez Pena</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C 3 NC 2 R -</b>	
Owner's Address <b>45 Main St OH</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Person in Charge <b>Rosalina</b>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>Felipe Montazoz Chavez Exp 3-2023</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

• 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/N/C	R	Narrative	To Be Corrected By
295	NC		the following "Non Food" contact items ARE failed w/ food & debris 1) Top of the burner stove to include the oven. 2) Inside the floor cooler also coolers and handles 3) Bottom of grill on metal shelf	Today
439	C		Bleach stored on shelf w/ food	Moved
345	C		Hand sink has Murphys oil bottle sitting in it. Only used for washing hands	Moved
171	NC		scoop handles not inverted (up) - in salt-sugar etc.	Today
136	C		Employee drinks sitting on shelf w/ clean dishes also personal items (food) stored in Ice bin.	

Received by (name and title printed): <b>Rosalina Sanchez</b>	Inspected by (name and title printed): <b>DEAN SUTHERLAND / Scott K. Kendall</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: November 1, 2020

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 Dean Small / Scott kikendall from the Grant Co. Health Department on 10-30-20.

DATE: 10-30-20 Action Taken: 295

1) We use a lot Soap and Scrubbers to wash all 6 burners stove. 2) Also for the Floor we clean two times a day. 3) Bottom of the stove we started to clean every 3 days.  
439 C. We started to put all the Bleach in a small room 345 C. We started to put all things far away from the Sink and started to use only for our hands. 171 NC. The Scoop handles also we started to put them up. 136 C. All Employees leave personal items in office. Employees drinks are now stored in a bucket under a table in the kitchen.

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

Name of Respondent: Rosalino Sanchez Title: Owner  
Establishment Name: Rosalino Sanchez Peña  
Address: 2213 Westwood Sq. Marion In