



**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>Esméralda's</i>	Telephone Number ( <i>765</i> ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>5-26-21</i> <del><i>5-20-21</i></del>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2213 Westwood Sq Marion</i>	Owner <i>Rosalina Sanchez</i>	Follow-up <i>Yes</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Purpose: 1. Routine <input checked="" type="checkbox"/> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 5 NC 5 R 4</i>	
Person in Charge <i>Rosalina</i>	Responsible Person's E-mail _____	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Certified Food Handler <i>Rosalina Sanchez Peng Exp 12-20-25</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
345	C	X	Hand sink in kitchen has food debris in it to include Bowl in sink in Bar area	
171	C	X	Cup being used in sugar bucket; Have to use scoop or utensil with handle	
439	C	X	Bleach stored with food in kitchen to include toxic items stored with food in Bar area	
295	C		Knives stored clean in kitchen are soiled with food debris to include knives by cooler and freezer	
191	C		Items in coolers and Bar area not labeled or date marked	
298	NC		Microwave in kitchen is soiled with food debris inside and out	
176	NC		2 Freezers in kitchen area with ice on product; needs defrosted	
310	NC		Hood system above grill is soiled with grease	

Received by (name and title printed): <i>Rosalina Sanchez</i>	Inspected by (name and title printed): <i>Scott Kendall / Dean Small</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5-25-21

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 5-25-21.

DATE: \_\_\_\_\_ Action Taken:

345) We moved everything that was in the hand sinks and now we only use them for our hands. 171) We bought Scoop with handle and now we use them for our sugar. 439) We remove Bleach from the foods and now we put it where we have all bleach. 295) all our knives we wash and we stored where we have all our clean knives. 191) Now we started to put all our food labeled and Date. 298) Now our microwave we clean it all the time inside and out. 176) Our 9 Freezers we defrosted so that way we can put our product. 295) 1) We clean the handles on coolers and Freezers all the nights. 2) Also we clean the bottom of the Freezers and inside. 3) We wash our Buss carts and tubbs 3 times per week. 4) Our pepsi cooler we clean outside and inside and also the handles. 5) Top of the Freezer in the Kitchen we clean all the nights. 245) Now we just keep our cloths in one place.

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

Name of Respondent: Rosalino Title: Owner

Establishment Name: Esmeraldas

Address: 9913 Westwood Sq Marion TN 46952

Attach additional sheets as needed.