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: Esmeralda's	**Telephone Number**: ~~765~~ ~~Establishment~~ ~~Owner~~ 733-4019	**Date of Inspection** (*mm/dd/yr*): 6-10-21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 2213 Westwood SQ Marion			
Owner: Rosalino Sanchez	**Purpose:** 1. ~~Routine~~ 2. Follow-up (circled) 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ____	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: Same		**Summary of Violations:** C__ NC__ R__	
Person in Charge: Rosalino		**Menu Type** (*See back of page*): 1__ 2__ 3__ 4X 5__	
Responsible Person's E-mail: —			
Certified Food Handler: Rosalino Sanchez Reyna EXP 2025			

- 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
			No Violations on Follow up	

Received by (*name and title printed*): Rosalino

Received by (*signature*):

Inspected by (*name and title printed*): Scott K. Kendall / Dean Spaugh

Inspected by (*signature*): Scott Kendall EO / Dean Spaugh EO

cc: | cc: | cc: