



**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 (937) Establishment <i>(733) 4019</i>	Date of Inspection (mm/dd/yr) <i>8-23-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2213 Westwood Sq Marion</i>	Owner <i>Rosalino Sanchez</i>	Follow-up <i>10 days</i>	Release Date <i>10 days</i>
Owner <i>Rosalino Sanchez (Alex)</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 3 NC 2 R 2</i>	
Owner's Address <i>Same</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Alex</i>	3. Complaint		
Responsible Person's E-mail <i></i>	4. Pre-Operational		
Certified Food Handler <i>Rosalino Sanchez Peña</i>	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/NC	R	Narrative	To Be Corrected By
187	C		guacamole temp @ 49.5 F in floor cooler and cheese dip at hot bar temp @ 61.9 F Cold temp for holding is 41°F hot holding is 135°F	Today
295	C		Can opener to include the blade is soiled w/ dried food debris	Corrected
191	C	X	Date marking on food prepared in cooler. All items to be date marked.	
176	NC	X	Whirlpool upright freezer - ice on product.	
295	NC		Inside open to include door is soiled w/ dried food.	

Received by (name and title printed): <i>Rosalino Sanchez Peña</i>	Inspected by (name and title printed): <i>Deana Smith PST</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

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

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 8/18/21

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 8-17-21.

DATE:	Action Taken:
<u>8/18/21</u>	<u>243 Two new metal shelving units purchased and used to store boxes of plastic sealed supplies.</u>
<u>8/18/21</u>	<u>297 Daily check off sheet implemented, staff educated on task & importance of wiping ice tray/backside daily.</u>

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

Name of Respondent: A. Staffo Title: owner

Establishment Name: Envy Nutrition

Address: 3409 S. Western Ave, Ste 101, Marion, IN