



**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 La Charreada | Telephone Number 765 | Date of Inspection (mm/dd/yr) 8-2-21 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 1102 N Baldwin Ave Marion | Owner 651-0652 | Follow-up Yes | Release Date 10 days |
| Owner Socrates Montano | Purpose: 1. Routine | Summary of Violations: C 4 NC 2 R 2 | |
| Owner's Address 20185 Hawksmoor Dr | 2. Follow-up | Menu Type (See back of page) 1 2 3 X 4 5 | |
| Person in Charge JAWN | 3. Complaint | | |
| Responsible Person's E-mail JAWN Guerra | 4. Pre-Operational | | |
| Certified Food Handler Edward Valera Exp 12/22 | 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 | X | BW of Chicken sitting in kitchen temp at 55°F and Sour cream on cold bar temp at 47°F Needs to be 41°F or below! | } Today |
| 191 | C | X | No date marking on several items in walk in cooler | |
| 421 | C | | Personal drink sitting on prep table in front of microwave to include coolers on prep table area | |
| 295 | C | | veg peeler stored clean has oiled food debris on it | |
| 218 | NC | | Door on floor cooler needs repair | |
| 295 | NC | | Bottom of prep table soiled with oiled food and grease. | |

| | |
|---|---|
| Received by (name and title printed): Juan Guerra | Inspected by (name and title printed): Scott K Kendall / Dawn Small |
| Received by (signature): <i>Juan Guerra</i> | Inspected by (signature): <i>Scott K Kendall / Dawn Small</i> |
| cc: | cc: |

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 08/10/21

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 and/or Scott Kikendall at the Grant Co. Health Department on 8-2-21.

DATE: _____ Action Taken:

08/02 → All the items (food containers) have been date marked.
08/02 → Personal drinks have been placed at the bottom of prep tables
08/02 → Vegetable peeler has been cleaned properly
08/02 → Door on floor cooler has been repaired
08/02 → Bottom of prep table was cleaned properly.
08/09 → We are in the process of hiring a Certified Company
in order to get update our Food Handler Certificates.
Please feel free to give us any advice on this regard.

Thank you so much for your guidance and working with us on giving a healthier and safer service to our community.

Name of Respondent: Juan Guerra Title: Manager

Establishment Name: La Charreada

Address: 1102 N Baldwin Ave Marion IN 46952