



**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 CHARREDA'S MEXICAN REST.		Telephone Number 765 651 0652	Date of Inspection (mm/dd/yr) 5/31/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1102 N Baldwin Ave - Marion				
Owner SOCRATES MONTANO		Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up NO	Release Date 6/10/19
Owner's Address 2028 HAWKSMODRE DR Bloomington		Summary of Violations: C 3 NC 2 R 0		
Person in Charge X [Signature]		Menu Type (See back of page) 1 2 3 X 4 5		
Responsible Person's E-mail N/A				
Certified Food Handler EDWARD VALERIO 1/17/17 (ISS)				

- 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
295	C		THE following FOOD CONTACT SURFACES SOILED WITH BLACK RESIDUE OR FOOD DEBRIS. 1) +/- 10 Black containers with yellow LIDS used for chips 2) 1 white container had onions in 3) 1 container w/ peppers 4) +/- 10 containers holding SPICES 5) can opener BLADE / BASE	TODAY
129	C		Employee in kitchen putting on gloves WITHOUT FIRST WASHING HANDS	}
245	NC		soiled wiping cloths +/- 5 sitting on prep tables throughout kitchen AND 1 employee has one over his shoulder	
205	NC		using cardboard as a liner on RACKS IN DRY STORAGE	
187	C		SOUR CREAM TEMPERED AT 58°F NOT 41°F	DISCARDED BY MGR

Received by (name and title printed): X EDWARD Zamora	Inspected by (name and title printed): [Signature] - FSU Dean Ingle FSD
Received by (signature): X [Signature]	Inspected by (signature): [Signature] - FSU Dean Ingle FSD
cc:	cc:

Grant County Health Department

Phone 765-651-2401 ext 110
Fax 765-651-2419

Date: 06/20/19

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by your agency's representative R DALE CARR on 5-30-19.

DATE ACTION TAKEN

06/01/19 Personal drinks will be set the lowest level of any table.

06/19/19 the hand sink has been repaired.

06/19/19 the paper towel and soap holder has been changed.

06/01/19 the paper towel ^{in the} ~~on~~ back storage is inside your box

06/01/19 Employees with beards, have been notified about the requirement to wear protection every day at work.

Name EDWARD Zorella

Title 06/20/19

Establishment La Chancaba

Address 1102 N Baldwin Ave Marion IN 46952

6/20/19
NICV

Attach additional sheets as needed.