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 Mexicana	**Telephone Number**: 765 ( ) Establishment ( ) Owner 206-1290	**Date of Inspection** (*mm/dd/yr*): 10-21-20	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1048 N Baldwin Ave Marion			
Owner: Luis Trejo	**Purpose:** 1. Routine	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: 1010 E Charles RD Marion	2. Follow-up	**Summary of Violations:**	
Person in Charge: Francisco	3. Complaint	C 1 NC 1 R	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Luis Trejo	5. Temporary	1 2 3 4 5	
	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
141	C		3 Bottles of Nesquik Milk dated 9-16-2020	Pulled
295	NC		Out side of coolers are soiled need cleaned	Today

Received by (*name and title printed*): Francisco Trejo	Inspected by (*name and title printed*): Scott Killendall
Received by (*signature*):	Inspected by (*signature*): Scott Killendall FSO

cc:	cc:	cc: