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 Los Amores	**Telephone Number** (765) Establishment (573-6336) Owner	**Date of Inspection** (mm/dd/yr) 4-30-19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 428 E Washington St Marion			
Owner James Bennett	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) Opening	**Follow-up** NO	**Release Date** 10 Days
Owner's Address 302 S 3rd St. Marion		**Summary of Violations:** C — NC — R —	
Person in Charge —			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 2 3 X 4 5	
Certified Food Handler James Bennett issued 12/2018			

• 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
		-	Beverage Air floor Cooler Not getting cold - Needs to be fixed or replaced.	
		-	OK to open -	

Received by (*name and title printed*): Keith Bennett	Inspected by (*name and title printed*): Dean Gillard FSIO
Received by (*signature*): [signature]	Inspected by (*signature*): [signature] FSIO

cc:	cc:	cc: