



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; Date of Inspection: 6-1-21; ID #: 27; Establishment Address: 428 S. Washington St Marion; Owner: Keith Bennett; Purpose: 1. Routine; Follow-up: NO; Release Date: 10 days; Owner's Address: Same; Person in Charge: Yuriana Bennett; Certified Food Handler: Keith Bennett exp 12/2023

- 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"

Table with 4 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Row 1: 307, NC, Vents above grill has gap - Also hood system needs cleaned. Today's. Row 2: 128, C, In front of hand sink a scratch pad laying in - must be clean to wash hands.

Received by (name and title printed): Yuriana Bennett; Inspected by (name and title printed): Dean Kelly PFS; Received by (signature): Yuriana Bennett; Inspected by (signature): Dean Kelly PFS