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: El Metate Mexican Grill & Bar	**Telephone Number**: (765 Establishment 994-3005 Owner	**Date of Inspection** (*mm/dd/yr*): 3-8-23	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 203 W 8th St Fairmount			
Owner: Luis Sanchez	**Purpose:** 1. Routine	**Follow-up**: NO	**Release Date**: 14 days
Owner's Address: 6752 Fairway Ave Indy	2. Follow-up	**Summary of Violations:**	
Person in Charge: Noe	3. Complaint	C 1 NC — R —	
Responsible Person's E-mail: —	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Luis Sanchez Exp 10-2027	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
295	C		Personal DRINK CANS Laying IN ICE machine	Removed

Received by (*name and title printed*): NOE SANCHEZ	Inspected by (*name and title printed*): Scott Kilandall
Received by (*signature*):	Inspected by (*signature*): Scott Kilandall FS10

cc:	cc:	cc: