



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.

Form header containing establishment details: Establishment Name (Esmeralda's Restaurant), Telephone Number (707 Establishment, 573-3052), Date of Inspection (3-3-23), ID # (27), Owner (Rosalinda Sanchez Penon), Purpose (2. Follow-up), Follow-up (1/2/23), Release Date, Owner's Address (8th St), Person in Charge (Joelle), Responsible Person's E-mail, Certified Food Handler (Rosalinda Sanchez Penon).

- 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: 187, C, [blank], Some Cream, gvat cp-milc both temp'd at 50°F in floor cooler (same as 2-21-2023). Shall be 41°F or below.

Signature section: Received by (name and title printed): Jaqueline Rosalino Luna; Inspected by (name and title printed): Scott Kendrick; Received by (signature): Jaqueline Rosalino Luna; Inspected by (signature): Scott Kendrick.