



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: Taco Express, Telephone Number: 765 Establishment, Date of Inspection: 3-14-23, ID #: 27, Establishment Address: 1046 N Baldwin Ave Marion, Owner: Luis Treto, Purpose: 1. Routine, Follow-up: 10, Release Date: 10 days, Owner's Address: 1010 E Chenoweth RD, Person in Charge: Luis, Responsible Person's E-mail: [blank], Certified Food Handler: Luis Treto Exp 7-2023

• 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/C, R, Narrative, To Be Corrected By. Row 1: 138, NC, Employee cooking/prepping with no hand sanitizer. Row 2: 399, NC, Hot water handle on hand sink in back by 3-bay sink is broken. Row 3: 310, NC, Hood vents need professionally cleaned vents are soiled and discolored.

Received by (name and title printed): LUIS TRETO, Inspected by (name and title printed): Scott Kikenda II, Received by (signature): [Signature], Inspected by (signature): Scott Kikenda II ES 10, cc: [blank]