



**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 <i>Taco Bell 24751</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>4-12-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3244 S Western Ave</i>	<i>(765) Owner</i>		
Owner <i>K Mre Enterprises Inc</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Corydonville Ave</i>	<input type="checkbox"/> 2. Follow-up	Summary of Violations:  <i>C <u>3</u> R <u>   </u></i>	
Person in Charge <i>Shivank</i>	<input type="checkbox"/> 3. Complaint		
Responsible Person's E-mail <i>_____</i>	<input type="checkbox"/> 4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>Shivank Murray exp 3-2028</i>	<input type="checkbox"/> 5. Temporary	<i>1 <u>   </u> 2 <u>X</u> 3 <u>   </u> 4 <u>   </u> 5 <u>   </u></i>	
<input type="checkbox"/> 6. HACCP			
<input type="checkbox"/> 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
<i>430</i>	<i>NC</i>		<i>Flooring in womens restroom has trash/make up on it to include Flooring in walk in cooler</i>	<i>TALMY</i>
<i>399</i>	<i>NC</i>		<i>Bottom of walk in freezer door is rusted and broke - Needs repaired</i>	<i>30 days</i>
<i>295</i>	<i>NC</i>		<i>The following "Non Food" contact items is soiled w/ dried food or other debris</i> <i>1) touch points on equipment</i> <i>2) Top of containers on East side - dried cheese</i> <i>3) wall behind fryers</i>	

Received by (name and title printed): <i>Shivank</i>	Inspected by (name and title printed): <i>Debra Smith PST</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: