



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

BLACKFORD CO HEALTH DEPT
506 E. VAN CLEVE
HARTFORD CITY, IN 47348
(765) 348-4317

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 ESMARALDAS TACO Bus (Yellow)	Telephone Number 937 7334019	Date of Inspection (mm/dd/yr) 1-17-25	ID # 15
Establishment Address (number and street, city, state, ZIP code) 2213 WESTWOOD Sq MARION IN	() Owner		
Owner Rosalino Sanchez	Purpose: 1. Routine	Follow-up NO	Release Date 1-27-25
Owner's Address Same	2. Follow-up	Summary of Violations:	
Person in Charge X Rosalino Sanchez	3. Complaint	C NC R	
Responsible Person's E-mail N/A	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler None	5. Temporary	1 2 X 3 4 5	
	6. HACCP		
	7. Other (list) None		

- 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"

Received by (name and title printed):

X print 3 Rosalino Sanchez
Received by (signature): 2/19

Inspected by (name and title printed):

Inspected by (signature): Baldwin

Received by (signature):

Received by (Signature): *STP*

Inspected by (signature):

Inspected by (signature):


CC:

CC:

CC1