



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) 733 4019	Date of Inspection (mm/dd/yr) 1-17-25	ID # 5
Establishment Address (number and street, city, state, ZIP code) 2213 WESTWOOD Sq MARION IN	() Owner		
Owner ROSALMO Sanchez	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input checked="" type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input checked="" type="radio"/> 7. Other (list) EXTENDED	Follow-up NO	Release Date 1-27-25
Owner's Address Same		Summary of Violations: C NC R	
Person in Charge X Rosalmo Sanchez		Menu Type (See back of page) 1 2 X 3 4 5	
Responsible Person's E-mail N/A			
Certified Food Handler DMAR Gomez Bustos exp 5-1-27			

• 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
307	NC		MISSING VENTS IN HOOD SYSTEM	TODAY
294	C		Cently had Sanitizer in Pump Bottles NOT FDA APPROVED	
			* NEED FIRE EXTINGUISHER FOR GREASE *	
			* PER GRANT County Food INSPECTOR INSPECTION - GOOD * DEAN Small - 1-17-2025	

Received by (name and title printed): X print { Rosalmo Sanchez	Inspected by (name and title printed): Rosalmo Sanchez
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
cc:	cc: