



TEMPORARY EVENT INSPECTION REPORT

State Form 22116 (R10 / 4-25)
SDH Form 51-0001Indiana Department of Health
Telephone (317) 233-1974
Fax (317) 233-9200

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, 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 ESMERALDA'S Yellow truck		Telephone Number (938) 733-4019	Date of Inspection 7/14/25	ID Number 5	
Establishment Address (number and street, city, state, and ZIP code) 2213 WESTWOOD 59 MARION		Establishment () Owner			
Owner ROSA LINDO SANCHEZ		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 4-H	Follow-up YES	Release Date (mm/dd/yy) 7/28/25	
Owner's Address (number and street, city, state, and ZIP code) SAME		Summary of Violations: P _____ Pf _____ C _____ R _____			
Person in Charge ROSA LINDO SANCHEZ		Menu Type (See back of page.) 1 _____ 2 _____ 3 X 4 _____ 5 _____			
Responsible Person's E-mail N/A					
Certified Food Handler One Gomez Bustos 5-1-27					
<p>• PRIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P".</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".</p>					
Section#	P/Pf/C	R	Narrative	To Be Corrected By	
209(c)	C		Handsink stored hat and other debris not maintained clean @ all times	ASAP	
445	C X		VENTS IN THE Hood not in place causing gaps	ASAP	
359	PF		BUS WATER System is Broken No make ship hand washing station - closed till fixed *	* CORRECTED W/ 19100 ECF MAKESHIP1 HANDWASHING STATION.	
Received by (name and title printed): <i>John Jeff</i>			Inspected by (name and title printed): <i>Blakely EHS</i>		
Received by (signature): <i>John Jeff</i>			Inspected by (signature): <i>Blakely EHS</i>		
CC:		CC:	CC:		