RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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 LA PALMA RESTAURANT	**Telephone Number** 765 348 0040
Establishment Address (number and street, city, state, ZIP code) 1226 N WALNUT ST. HARTFORD City	**Date of Inspection** (mm/dd/yr) 12-9-22 **ID #** 5
Owner LUCIO RANDON	**Purpose:** 1. Routine
Owner's Address 4050 N CRESTON DR - MARION	(2. Follow-up) **Follow-up** **Release Date** 12-9-22
Person in Charge ROBERTO ORTIZ	3. Complaint 4. Pre-Operational **Summary of Violations:**
Responsible Person's E-mail N/A	5. Temporary C___ NC___ R___
	6. HACCP **Menu Type** (See back of page)
Certified Food Handler NEED COPY	(7. Other (list) TRAINING PER MGR) 1___ 2___ 3 X 4___ 5___

• 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
			ROBERTO - MANAGER OF LA PALMA CALLED TO HELP him WITH TRAINING OF his EMPLOYEES AT 11AM TODAY 12-9-22 ALL BASED ON AN INSPECTION ISSUES DATED 12/6/22	
			THIS IS A EDUCATIONAL / FOLLOW-UP INSPECTION.	
			AT THIS TIME 12-9-22 NO TICKET(S) ISSUED. PER IAC 410-7-24 AN 7-23. (CIVIL PENALTIES.)	

Received by (name and title printed): X Roberto Ortiz	**Inspected by** (name and title printed): B Halen - FSIO/EHS
Received by (signature): X Roberto Ortiz	**Inspected by** (signature): B Halen FSIO/EHS
cc:	cc:	cc:

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