



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Clinton County Health Dept.
1234 Rossville Ave STE B

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 EL JARIPEO #5	Telephone Number 765 654-9580 ()	Date of Inspection 8/12/25	ID #
Establishment Address (number and street, city, state, ZIP code) 2000 E. WABASH ST. FRANKFORT			
Owner JOSE BERNAL	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up No	Release Date 10 days
Owner's Address 2330 N. LEBANON ST	Summary of Violations: C NC R		
Person in Charge MARIO URQUIZA			
Responsible Person's E-mail MARIO69URQUIZA@GMAIL.COM	Menu Type (See back of page) RISK CAT		
Certified Food Handler MARIO URQUIZA	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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): Mario Urquiza	Inspected by (name and title printed): Rodney Wank, EHS	
Received by (signature):	Inspected by (signature): Rodney S. Wank, EHS	
CC:	CC:	CC: