



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

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 Mates Mexican Grill & Bar	Telephone Number (765) Establishment Owner 948-3005	Date of Inspection (mm/dd/yr) 10/13/2022	ID # 27
Establishment Address (number and street, city, state, ZIP code) 203 W 8th St., Fairmount			
Owner Luis Sanchez	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 50ml	Summary of Violations: C 1 NC 2 R -		
Person in Charge Luis	Menu Type (See back of page)		
Responsible Person's E-mail _____			
Certified Food Handler Luis Sanchez	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
	10/13/2022		

- 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
310	NC		Fay (spiro) in walk in cooler has dust/dark debris - needs clean	ASAP
399	NC		Back door has gap at bottom - can see daylight coming through	
173	C		String raw hams - bacon and eggs today and other items - crossed contamination	

Received by (name and title printed):

Received by (name and title printed):
Luis Sanchez

Inspected by (name and title) *John Doe*

Inspected by (name and title/print):
Angela McCollum
Inspected by (signature):
Angela McCollum

RESULTS

Received by (signature):

41001

Inspected by *Signature*: **ARMCollins10**

cc*

667

89