



**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 <i>E/ Mela Mexican</i>	Telephone Number <i>765 908-3005</i>	Date of Inspection <i>1-6-20</i>	ID # <i>27</i>
Establishment Address <i>203 W 8th St Fairmont</i>			
Owner <i>Lois Sanchez</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input checked="" type="checkbox"/> 2. Follow-up	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>700 W Howard Ave Muncie</i>	3. Complaint	Summary of Violations: <i>C 2 NC 4 R -</i>	
Person in Charge <i>Carlos Cuatrecasas</i>	4. Pre-Operational	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail	5. Temporary		
Certified Food Handler <i>Lois Sanchez 2/2018</i>	6. HACCP		
	7. Other (list)		

• 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/C	R	Narrative	To Be Corrected By
297	NC		Interior of ice machine has a dark residue.	TODAY
344	C		Hand sink is blocked by 2 wheel carts & Keg in prep area.	}
413	NC		Back door lock doesn't fit thus not protecting the facility from rodents - insects.	
218	NC		Broken not in use equipment being stored at side the back door, Needs removed or fixed.	
430	NC		Wall behind 3 bay sink has a dark residue. And wall east of sink is rotted - Needs fixed.	
324	C		At the back hand sink, Knob is missing Needs replaced / fixed.	
			NEED TO POST 2020 LICENSE OR PAY LICENSE AND fees Before 01-10-2020	

Received by (name and title printed): <i>Carlos Cuatrecasas</i>	Inspected by (name and title printed): <i>D. Small / D. Carr</i>
Received by (signature): <i>Carlos Cuatrecasas</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Operator Inspection Response
State Form 20047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 01-06-2020

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 01/06/2020

DATE: Action Taken:

297 We are cleaning and we checking every day are clean.

344 We move 2 wheel cars per not blocked

413 The door back Fixing air repair door.

218 We are reviewed the equipment for the truck
- more cleaning

1130 We Fixed

324 We put a new sink

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Luis Sanchez Title: Manager

Establishment Name: El matafo Mex Grill & Bar

Address: 203 W. 8th St - Fairmount

o Attach additional sheets as needed.

*-We are Proud
and Sorry
For send
Back for we are
fixed.*