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 RINCONCITO	**Telephone Number**: (765) Establishment ( ) Owner 573-5064	**Date of Inspection** (*mm/dd/yr*): 10-5-20	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 3304 S Washington St Marion			
Owner: Rogelio Pena	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ____	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 3202 S Washington St Marion		**Summary of Violations:** C____ NC____ R____	
Person in Charge: Edward			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1___ 2___ 3(X) 4___ 5___	
Certified Food Handler			

- 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
146	NC		Several containers in fridge/cooler are not Labeled or Dated	Today
295	NC		Ice scoop laying directly on ice in ice machine in Bar area	Today
			Need to get us a copy of certified Food Handler	

Received by (*name and title printed*): Rogelio G. Pena	Inspected by (*name and title printed*): Scott M Kendall
Received by (*signature*): Rogelio G. Pena	Inspected by (*signature*): Scott Mkendall FSO
cc:	cc:
cc:	