



**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>El Taco Express</i>	Telephone Number <i>765</i> Establishment <i>206-1290</i> Owner	Date of Inspection (mm/dd/yr) <i>10-21-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1044 N. Baldwin Ave Marion</i>		Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Luis Treto</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 2 R 1</i>	
Owner's Address <i>1010 Charles Rd.</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Luis</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Luis Treto</i>			

- 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
<i>310</i>	<i>NC</i>		<i>Hood system above grill is soiled w/ grease &amp; other debris</i>	<i>Today</i>
<i>295</i>	<i>C</i>		<i>Large Black handle knife laying on table AS CLEAN - is soiled w/ food debris</i>	<i>Employee Renewed</i>
<i>295</i>	<i>NC</i>		<i>Black Bar Cart has food debris on it</i>	<i>Today</i>

Received by (name and title printed): <i>Abraham A. Vance</i>	Inspected by (name and title printed): <i>Deann Summly Pstr</i>
Received by (signature): <i>Abraham A. Vance</i>	Inspected by (signature): <i>Deann Summly Pstr</i>

cc:	cc:	cc:
-----	-----	-----