



**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 ESMERALDAS	Telephone Number (765) Establishment (573-305)	Date of Inspection (mm/dd/yr) 7-14-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2213 Westwood SQ	Owner (573-305)	Follow-up	Release Date
Owner Rosalino Sanchez Pena	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C ___ NC ___ R ___	
Owner's Address 45 Main St Off	Person in Charge Rosalino	Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Responsible Person's E-mail _____	Certified Food Handler Felipe Montazer Chavez		

- 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
	*		No smoking sign on doors	
	*		Kitchen setup and ready to go	
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	*		Freezers and coolers plugged in and down to temperatures	
	*		Paper towel in paper towel holders in rest rooms	
	*		Hand soap in bathrooms at sinks	
	*		Smoke alarm needs new battery	
	*		Per Governor - May still be required to wear face mask etc. www.backontrack.gov	
	*		Trash cans etc to be cleaned in kitchen	

Received by (name and title printed): Rosalino Sanchez	Inspected by (name and title printed): Scott Dickson / Dew Sams
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: