



**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-~~10~~, 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>Esmeralda's Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>2213 Westwood Sq</i>	<i>9-9-2025</i> <i>27</i>		
Owner <i>Rosalinda Sanchez Pen 17</i>	Purpose <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i> </i>	Follow-up <i>NU</i>	Release Date <i>10 days</i>
Owner's Address <i>SMW</i>	Summary of Violations: <i>O - pf / C - R</i>		
Person in Charge <i>Jackie</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i> </i>	1 <u> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </u>		
Certified Food Handler <i>Rosalinda Sanchez Pen 17 12-2025</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"

Received by (name and title printed):

Received by (name and title printed):
Irene L. Rosalina Lom

Received by (signature):

Received by (signature):

Inspected by (name and title printed):

Inspected by (name and title)
Dear Sirs

Inspected by (signature):

Inspected by (signature):  fsc

280

651

667