



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.

Form with fields: Establishment Name (Esmeralda's), Telephone Number (703 Establishment, 513-3051 Owner), Date of Inspection (2-21-24), ID # (27), Establishment Address (2213 Westwood Dr), Owner (Rosalina Sanchez Peron), Owner's Address (Same), Person in Charge (Alex), Responsible Person's E-mail, Certified Food Handler (Rosalina Sanchez Peron), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list)), Follow-up, Release Date (10 days), Summary of Violations (C 1 NC 2 R -), Menu Type (1 2 3/4 5).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Rows include: 176 NC Upright whirlpool freezer needs defrosted Today; 295 C Manual Com opened to include blade sorted; 297 NC Ins side microwave and top of it - sorted and dried Peron.

Received by (name and title printed): Alex Sanchez; Inspected by (name and title printed): Dean Smith; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: []