



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SDH Form 51-0001

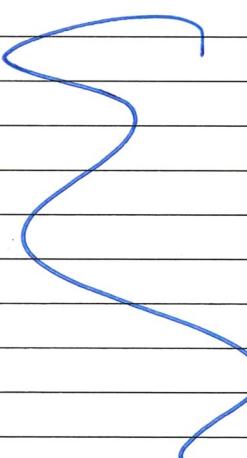
**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

7-26

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>jalapeno Bill</i>	Telephone Number () Establishment () Owner <i>513-4779</i>	Date of Inspection (mm/dd/yr) <i>8/19/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>854 E. 45th St., Marion</i>			
Owner <i>Jose Luis BelliChampe</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i></i>	Follow-up <i>NO</i>	Release Date
Owner's Address <i>Sample</i>	Summary of Violations: <i>P NC R</i>		
Person in Charge <i>Mitza R</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i></i>	1 2 3 4 5 <i>X</i>		
Certified Food Handler <i>Jose Luis BelliChampe 11/28/22</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
			<p>Violations</p> 	

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by: (signature)

cc:

cc:

cc: