



## 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>La Mexicana Grocery</i>	Telephone Number (      ) Establishment (      ) Owner <i>705-1290</i>	Date of Inspection (mm/dd/yr) <i>8/15/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1048 N. Baldwin Ave, Marion</i>	Follow-up <i>YES 15 Days</i>		
Owner <i>Luis Tito</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>1 2 3</i>	Release Date <i>8/15/25</i>	
Owner's Address <i>Same</i>	Summary of Violations: <i>1 2 3</i>		
Person in Charge <i>Luis Tito</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>N/A</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
282b P			No Sanitizer made up.	<i>today</i>
281a PF			No test strips on site	
306c C			The following non food contact surfaces came in contact with dry food and/or other debris - needs cleaned 1. Sulfur Cooler in back - inside 2. Under prep table in back 3. Produce Cooler in front store	
412a C			Celing through out facility missing, chipped or broken in color	
430a PF			No paper towel at hand sink	

Received by (name and title printed):

*08-15-25*

Inspected by (name and title printed):

*Angela B. Cullum  
08-15-25*

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: