



**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<br><b>LA MEXICAN GROCERY</b>   |  | Telephone Number<br><b>765 206 1290</b>                           | Date of Inspection<br>(mm/dd/yr)<br><b>3-9-2020</b>                            | ID #<br><b>27</b>               |
|---|--|---|--|---------------------------------|
| Establishment Address (number and street, city, state, ZIP code)<br><b>1048 N. BALDWIN AVE - MARION</b>   |  | ( ) Owner   |  |                                 |
| Owner<br><b>LOUIS TRETO</b>   | Purpose:<br><b>1. Routine</b>              | Follow-up<br><b>YES</b>   | Release Date<br><b>3-9-2020</b>  |                                 |
| Owner's Address<br><b>1010 E CHARLES ST. MARION</b>   | 2. Follow-up                               | Summary of Violations:<br><b>C 6 NC 2 R 1</b>                     |  |                                 |
| Person in Charge<br><b>LOUIS TRETO</b>  | 3. Complaint                               | Menu Type (See back of page)                                      |  |                                 |
| Responsible Person's E-mail<br><b>MA</b>  | 4. Pre-Operational                         | 1 ___ 2 <b>X</b> 3 ___ 4 ___ 5 ___                                |  |                                 |
| Certified Food Handler<br><b>LOUIS TRETO</b>  | 5. Temporary                               |   |  |                                 |
|   | 6. HACCP                                   |   |  |                                 |
|   | 7. Other (list)<br><b>CLOSED MEAT AREA</b> |   |  |                                 |
| <ul style="list-style-type: none"> <li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" <b>only</b></li> <li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul> |  |   |  |                                 |
| Section#  | C/NC                                       | R   | Narrative  | To Be Corrected By              |
| <b>295</b>  | <b>C</b>                                   |   | <b>THE FOLLOWING "FOOD CONTACT" EQUIPMENT IS SOILED WITH FOOD/OTHER DEBRIS</b> | <b>ALL IN MEAT CUTTING ROOM</b> |
|   |  |   | <b>1) CUTTING BOARD HAS DRIED BLOOD</b>  | }                               |
|   |  |   | <b>2) PREP TABLE HAS DRIED BLOOD AND PACKAGES CONTAINING BLOOD</b>             |                                 |
|   |  |   | <b>3) THE WRAP MACHINE</b>   |                                 |
|   |  |   | <b>4) 2-SOILED KNIVES 1-ON PREP TABLE 1 ON BAN SAW TABLE</b>                   |                                 |
|   |  |   | <b>5) BAN SAW BLADE / BASE / TABLE</b>   |                                 |
|   |  |   | <b>6) CONTAINER SOILED HOLDING ICE SCOOP IN CONTAINER (SOILED)</b>             |                                 |
| <b>295</b>  | <b>NC</b>                                  |   | <b>THE FOLLOWING "NON-FOOD CONTACT SURFACES SOILED WITH FOOD/OTHER DEBRIS</b>  | }                               |
|   |  |   | <b>1) PREP TABLE IN BACK HAS FOOD DEBRIS &amp; SOILED APRONS</b>               |                                 |
|   |  |   | <b>2) TRUE REFRIGERATOR IN BACK SOILED INSIDE &amp; OUTSIDE</b>                |                                 |
| <b>173</b>  | <b>C</b>                                   | <b>X</b>  | <b>APPROX 7-8 PAIR OF BLOODY GLOVES ON FLOOR FREEZER AND 1 PAIR ON FLOOR</b>   | <b>DEBRIS SMALL FRIED</b>       |
| Received by (name and title printed):<br><b>X LOUIS TRETO</b>   |  | Inspected by (name and title printed):<br><b>Dawn Small FRIED</b> |  |                                 |
| Received by (signature):<br><b>[Signature]</b>  |  | Inspected by (signature):<br><b>[Signature]</b>                   |  |                                 |
| cc:   |  | cc:   |  | cc:                             |





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

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Establishment Name: LA Mexican Grocery, Telephone Number: 765 206 1290, Date of Inspection: 3-9-2020, ID #: 27, Owner: Luis Treto, Address: 1048 N Baldwin Ave - Marion, etc.

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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten note: OK TO RE-OPEN PRIOR INSPECTION DONE IN THE AM 3-9-2020 HAS BEEN CORRECTED

Received by (name and title printed): X LUIS TRETO Inspected by (name and title printed): [Signature] - FGSD

Received by (signature): [Signature] Inspected by (signature): [Signature] FGSD