



**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 <i>LA Charrenda Mexican</i>	Telephone Number <i>(716) 851-0652</i>	Date of Inspection <i>10-29-18</i>	ID # <i>27</i>
Establishment Address <i>1102 N Redwings Ave Marion</i>	Owner <i>Est-0652</i>	Follow-up <i>10 days</i>	Release Date <i>10 days</i>
Owner <i>Soreles Montano</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: <i>C 2 NC 5 R 3</i>	
Owner's Address <i>2028 S. Hawksmores Dr Bloomington</i>	Person in Charge <i>Juan C. Guerra</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Responsible Person's E-mail <i>N/A</i>	Certified Food Handler <i>Genzato Miranda</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
191	C	X	Ine walkin cooler none of the food is date marked OR labeled * previous violation 5-2018 X	Today
298	NC	X	Both microwaves sealed on inside - Not in use - previous violation 5-2018-	Today
138	NC		Employee preparing food w/o hair restraint	Corrected
295	NC		The following "Non food" contact items sealed w/ dated food these debris 1) Metal lids to pans in kitchen 2) Aluminum foil on prep table 3) plastic bins in walk in cooler	Today
295	C		The following "Food contact" items sealed w/ food stored as cups etc. 1) dishes & pans on shelving at ware washing	Corrected

Received by (name and title printed): <i>Juan C. Guerra Co-Owner</i>	Inspected by (name and title printed): <i>DEAN SMALL FSD</i>
Received by (signature): <i>Juan C. Guerra</i>	Inspected by (signature): <i>Dean Small FSD</i>

cc:	cc:	cc:
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## NARRATIVE REPORT

Establishment Name LA Charrenda Mexican			Address 1102 N Bolshuwaye Blvd			Inspection Date 10-29-18		
Section#		C/NC	R	REMARKS			TO BE CORRECTED BY	
				lost - <span style="float: right;">JAD</span> X 2) Press stored on bottom prep table sorted w/ old dried food - Not in USB 3) <del>#</del> 4 plates stored cleaned			Today	
430		NC		The floor in kitchen is pitted etc. in process of being corrected.				
178		NC		FN walk FN Center - Pated onions & veggie's in another in bins not labeled. @ previous violation 5-20/18 -			Today	
Received By (Name & Title) Susan C. Guerrero			Inspected By (Name & Title) Dawn Small P&H			Page 2 of 2		

Operator Inspection Response  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT



Phone 765-651-2401  
Fax 765-651-2419

DATE: \_\_\_\_\_

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 10/29/18.

- | DATE:    | Action Taken:  |
|----------|--|
| 10/29/18 | Every containers of food in the walk-in cooler will be marked or labeled properly for employees who handled/prop the food. |
| 10/29/18 | Both macrowares were properly cleaned - No soiled/dried food debris.   |
| 10/29/18 | All cooks preparing food are wearing hairnet or hats.  |
| 10/29/18 | Every containers of were re-washed and store as clean.   |
| 10/29/18 | the metal lids were washed.  |
| 10/29/18 | All the vegetables in the walk in cooler were properly classified and labeled.   |
| 10/29/18 | the press stored was cleaned at the time.  |

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Edward Valero Title: Manager  
 Establishment Name: La Chameada  
 Address: 1102 N Baldwin Avenue Marion Indiana 46952

• Attach additional sheets as needed.