

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.

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Establishme				Telephone Number	Date of Ins (mm/dd/yr)		1D#	
I La Ch	narre	αd	la Mexican Kestaurant	()651-0652	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	self.		
Establishme	ent Addres	s (nu	mber and street, city, state, ZIP code)	() Owner	6.1.15 27			
1102	N. P	m	iduin Ave Marion In		0.1.	17	at	
Owner			Α .	Purpose:	Follow-up Release Date			
Socra	uls	N	lontano	Routine	Follow-up Release Date			
Owner's Ad	ldress		All	2. F <u>oll</u> ow-up	Summary of Violations:			
1945 S	stenb	CO	ok Ct. Drammaton In.	3. Complaint	-			
Person in C				4. Pre-Operational	$c \frac{\lambda}{R} N c \frac{\lambda}{R} R$			
Jua	n thi	SUC	ra	5. Temporary				
Responsible	Person's	E-ma	il	6. HACCP	Menu Type (See back of page)			
NI								
Certified Fo	ood Handle	er		7. Other (list)	123X_45			
Jua	n Gi	100	ra exp: 6.6.17					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			uqujmumavanosuos Allanosa	orrected By	
	NC.			Din O Malle		()	10.1	
245	140			iping cloths	ملدا	I C	1 Proc	
			laying 1) create next to	rryer + on o	1/10000			
			pres table	•				
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				ou wons				
			(leftuce)					
				() () () () () () () () () ()	,		A	
191	C		There is a metal pan Full of beef Today					
	in the walk-in cooler that is not				ر ر			
			date-marked.					
			and were	MIV			3100 11	
1000	. (2		2 1.11.1 1.1.2	. 1	, ,			
1"1"	77 NC 3 plastic tubs holding tortilla chips Today						uy	
	2000		in dry storage area ar	e cracked	at			
			the handles					
			AL-V					
				APPARTATION .		· .		
				n to control c		-		
Received by (name and title printed): Inspected by (name and title printed):								
Juan Guerra Kathy Glexfield / FSIO								
Received by (signature): Inspected by (signature):								
11	Way	(;	Gerson	Methy Lituch	Hill W	1 100	+0	
cc:		miss granders o	сс:	11 ()	cc:			
,								

Operator Inspection Response State Form 80047 (2-01) Kglickfield a) grant county. N

GRANT COUNTY HEALTH DEPARTMENT

Phone	765-651-2401	
Fax	765-651-2419	
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DATE: 6/8/15

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 Carry Kathy Glickfield from the Grant Co. Health Department on _______.

DATE:	Action Taken:
6/1/15	No soiled wiping cloths were laying anywhere
6/1/15	Handsink near the warewashing poep area was
	deeply cleaned and desintected! I will be used
	ONLY Ity washing hauds. Also wand new water
	towel dispensed was ordered to Central Kestandard Pro
6/1/15	Metal pan with meat (Carnitas) tully cooked in
V/	walktin soller was date-marked
	Picture was taken and sent to Kathy Slickfield
6/1/15	All of our plastic tubes holding tritilla chips
	were replaced for & brand new with lide
	I will send picture to email address provided
Proceedings of the Control of the Co	
A Maria Carlo	
	ARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).
Name of Daguandanti	Juan C. Querra Title: Manager
	5.7
Tatabilahannat Nassa	La Charieada
Establishment Name:	Crisci I Enchan
Address: 1102	N Baldwin Ave Marion IN 46952

Attach additional sheets as needed.