



**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>Jacobs ED Mezquita</i> | Telephone Number () Establishment () Owner | Date of Inspection (mm/dd/yr) <i>7/3/24</i> | ID # <i>27</i> |
| Establishment Address (number and street, city, state, ZIP code) <i>2723 S. Gallop St</i> | | Follow-up | Release Date |
| Owner <i>Joaquin Cortes</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>SAD Walter Park</i> | Summary of Violations: C___ NC___ R___ | |
| Owner's Address <i>Simp</i> | | Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ | |
| Person in Charge <i>Joaquin Cortes</i> | | | |
| Responsible Person's E-mail | | | |
| Certified Food Handler | | | |

- 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 |
|----------|------|---|---------------------------------|--------------------|
| | | | <i>No Findings At This Time</i> | |
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| Received by (name and title printed): <i>Joaquin Cortes</i> | Inspected by (name and title printed): <i>Kyle Williams</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |