



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date	5-27-25	Date	5-27-25
No. of Risk Factor/Intervention Violations	3	Time In	2:00
No. of Repeat Risk Factor/Intervention Violations	0	Time Out	2:45p

Establishment	Address	City/State	Zip Code	Telephone
EL NOPAL (GEORGETOWN)	7600 HWY 64	Georgetown	IN	812-951-2801
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
25-47	ELIAS ROMAN	Routine	Retail	4

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status		cos	R	Compliance Status	cos	R
Supervision						
1	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
2	IN OUT N/A N/O	Certified Food Protection Manager		18	IN OUT N/A N/O	Proper cooking time & temperatures
Employee Health						
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19	IN OUT N/A N/O	Proper reheating procedures for hot holding
4	IN OUT N/A N/O	Proper use of restriction and exclusion		20	IN OUT N/A N/O	Proper cooling time and temperature
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21	IN OUT N/A N/O	Proper hot holding temperatures
Good Hygienic Practices						
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22	IN OUT N/A N/O	Proper cold holding temperatures
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		23	IN OUT N/A N/O	Proper date marking and disposition
Preventing Contamination by Hands						
8	IN OUT N/A N/O	Hands clean & properly washed		24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food
Approved Source						
11	IN OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations		
12	IN OUT N/A N/O	Food received at proper temperature		26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		27	IN OUT N/A N/O	Food additives: approved & properly used
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used
Protection from Contamination						
15	IN OUT N/A N/O	Food separated and protected		Conformance with Approved Procedures		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP
GOOD RETAIL PRACTICES						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS=corrected on-site during inspection R=repeat violation		
Compliance Status		cos	R	Compliance Status		cos
Safe Food and Water						
30		Pasteurized eggs used where required		43		Proper Use of Utensils
31		Water & ice from approved source		44		Proper Use of Utensils
32		Variance obtained for specialized processing methods		45		Proper Use of Utensils
Food Temperature Control						
33		Proper cooling methods used; adequate equipment for temperature control		46		Proper Use of Utensils
34		Plant food properly cooked for hot holding		47	X	Proper Use of Utensils
35		Approved thawing methods used		48		Proper Use of Utensils
36	X	Thermometers provided & accurate		49		Proper Use of Utensils
Food Identification						
37		Food properly labeled; original container		50		Physical Facilities
Prevention of Food Contamination						
38		Insects, rodents, & animals not present		51		Physical Facilities
39		Contamination prevented during food preparation, storage & display		52		Physical Facilities
40		Personal cleanliness		53		Physical Facilities
41		Wiping cloths; properly used & stored		54		Physical Facilities
42		Washing fruits & vegetables		55		Physical Facilities
Onesimo Mendoza						
Person In Charge (Signature)						
Thomas Snider						
Inspector (Signature)						
Follow-up: YES NO (Circle one) Follow-up Date:						

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.



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License/Permit #
25-47

Date 5/27/25

Establishment	Address	City/State	Zip Code	Telephone
EL NOPAL (GEORGETOWN)	7600 HWY 64	IN	47122	812-951-2801

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN=in compliance **OUT**=not in compliance **N/A**=not applicable

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Compliance Status			cos	R	Compliance Status	cos	R				
57	IN OUT	N/A N/O	Outdoor Food Operation			58	IN OUT	N/A N/O	Mobile Retail Food Establishment		

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
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tomatoes/Pre-cooler 40F

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
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tomatoes/Pre-cooler 40F

TEMPERATURE OBSERVATIONS

Item/Location Temp Item/Location Temp Item/Location Temp

tomatoes/Pre-cooler 40F

OBSERVATIONS AND CORRECTIVE ACTIONS



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OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: