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 Esmeraldas Restaurant	**Telephone Number** ( ) Establishment ( ) Owner 7655753052	**Date of Inspection** *(mm/dd/yr)* 4/24/25	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 213 Westwood Dr, Marion			
Owner Rosalina Sanchez Perez	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C___ NC2 R___	
Person in Charge Jacque		**Menu Type** *(See back of page)* 1___2___3_X_4___5___	
Responsible Person's E-mail —			
Certified Food Handler Rosalina Sanchez Perez FP 12/22/25			

- 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
178	NC		Ice on product in freezer	
433	NC		Mops need to be hung	

Received by (*name and title printed*): Jaqueline Rosaliano Luna

Received by (*signature*): Jaqueline Rosaliano Luna

Inspected by (*name and title printed*): Angela Hall-Collum

Inspected by (*signature*): Angela Hall-Collum 1500

cc: | cc: | cc: