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: Jacobs El Mezquite	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 5-17-25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 2723 S. Goldstine St.			
Owner: Joaquin Cortes	**Purpose**: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up**	**Release Date**
Owner's Address		**Summary of Violations**: C___ NC___ R___	
Person in Charge: Joaquin Cortes			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1___2___3___4___5___	
Certified Food Handler: Joaquin Cortes			

- 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
			No violations	

Received by (*name and title printed*): Joaquin Cortez

Received by (*signature*):

Inspected by (*name and title printed*): Dan Sell

Inspected by (*signature*): Dan Sell

cc: | cc: | cc: