

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.

The time in	iii ioi coi i	ection	i of each violation is specified in the harrative portion of the		/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Establishme				Telephone Number	Date of Inspection ID #			
dolid	AU I	NL	ber and street, city, state, ZIP code)	()UJ Establishment				
				True owner letter	171-9-18 27			
4914	BeAN	y e	e Blud.	16'				
Owner		_	11.1.1 1 110	Purpose:	Follow-up Release Date			
	gomer	<u>u</u>	Hotel Group LLC	1. Routine	40 10 days			
Owner's Ad	h C	11	1 So Contil Co	2. Follow-up	Summary of Violations: /			
Person in C		14/	me DR Concord CA	3. Complaint	$C \longrightarrow NC \longrightarrow R$			
		(ockson	4. Pre-Operational	C NC R			
Responsible				5. Temporary	Menu Type (See back of page)			
Responsible	il In	_	•	6. НАССР				
Certified Fo	od Handle	r		7. Other (list)	1 2 × 3 4 5			
Jess		(10/1en exp 10-2022					
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S		ND IN THE NARRATIVE RELOW AS "R"			
				JUMMARI OF YIOLATIONS A	To Be Corrected By			
Section#	C/NC	R V	Narrative	Image and I				
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				and a				

Received by				Inspected by (name and title	printed):			
Melissa Doty Dan Ingli 1540								
Received by (signature):								
'	M	Q D	issa Doty	Deen from	1510			
cc:	Y ,		cc:	and the state of t	cc:			

Operator Inspection Response State Form 80047 (2-01)

Grant County Health Department

Phoi	ne∷7€	5-651	-2401
Fax	76	5-651	2419

DATE: _ //- 9-/8 ____

Grant County Health Department 401 S. Adams St. Marion, IN. 46953

DATE: Action Taken;
11-9-18, 344 - Cleared hand sink of all objects blocking,
it. Will do a training with all employees who work breakfast
to Keep the sink clear & clear of any objects blocking it.
11-9-18 217 - Old Spatulas thrown in the trash.
New Spatulas bought. Staff will monitor the spatulas
and let managers know when new spatulas need to be
bought.
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(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Moliona Doty Title: AGM

Establishment Name: 1-1011 day 1nn Express

Address: 4914 Beaner Blvd, Gas City IN 410933

Attach additional sheets as needed.