

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 Splitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

The time limit for correction of each violation is specified in the narrative portion of		
Establishment Name	Telephone Number	Date of Inspection ID # mm/ddfyr)
Suner 8 Motel	168 Establishment	
Establishment Address (number and street, city, state, ZIP code)	(qq) & where POD	111-13-10 27
5172 S KNY Bee DR GAS City		Follow-up Release Date
Owner /	Purpose:	NO 10 days
D.D. MAN	d. Routin	
Owner's Address	2. Follow-up	Summary of Violations:
SAMA Person jn Charge	3. Complaint	$c = Nc \frac{2}{R}$
Adam Shaw	4. Pre-Operational	
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)
$$ λ/A	6. HACCP	
Certified Food Handler	7. Other (list)	1 2 3 4 5
Charity Cerk exp 7-2022		/
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	MNS MARKED "C"	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		ND IN THE NARRATIVE BELOW AS "R"
Section# C/NC R Narrative		To Be Corrected By
Section, Since		Corrected
21/1/2 In Ill Is in Co	ffer MARLINE.	ر الماريخ
GUMIS NEW TO BE IN SIM	10/11 201C1 1 Wy	
		2 7/
295 MC Counter ON east Side L AND WALTE MAKEN - FO	snder Micrown	ul lo smy
And wolfly moken - for	nd debous oth	en /
de bruis		
	and the same of th	
Received by (name and title printed):	Inspected by (name and title	e printed):
A CLAA Chart	Dama Lus	M FEZX
Pagained by (cirrusture):	Inspected by (signature):	
Received by (signature):	1 1 1 2 1	Rox
Marin WKM	Manas	CC:
се:		

Operator Inspection Response State Form 80047 (2-01)



orati Court Black offactively

Phone	765-651-2401
Fax	765-651-2419

DATE:

DATE: 11-13-18

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

Action Taken:___

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 11-13-18.

11-13-18 245 I HOLAM TEMOVED THE WET
Cloth from the coffee Machine and wipedit
down with SanitiZer water
WOWN OF CITY OF THE PROPERTY O
11-13-18 295 I Adam cleaned under the
Micoware and yightle Machine got all the
Crymbs cleaned yp
<u> </u>
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(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).
Name of Respondent: Adam Shaw Title: Front desk Manger
Name of Respondent: HOAM ONAW Title: YOUT ONESH MANGE
\leq \leq \leq
Establishment Name: Super 8
Address: 5172 South Kay Bee Dr. GasCity In 46933
Address: 51/2 South Ray Pet 17, 045City III 16483

Attach additional sheets as needed.