



**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 ANGV LLC	Telephone Number (764) Establishment	Date of Inspection (mm/dd/yr) 3-24-23	ID # 27
Establishment Address (number and street, city, state, ZIP code) 6138 Corridor DR Marion	Owner (664) 5841	Follow-up Yes	Release Date 10 days
Owner Ashish Patel	Purpose: 1. Routine	Summary of Violations: C 2 NC 2 R -	
Owner's Address 11817 Red Hill TR	2. Follow-up	Menu Type (See back of page)	
Person in Charge Marie	3. Complaint	1 0 2 3 4 5	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler N/A	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
295	NC		The following 'Non Food' Contact Items is soiled w/ food debris / other debris 1) Clean on top of counter 2) Evap Dn by counter at the bottom	70 Day
424	NC		Outside premises has trash & cigarette butts on ground.	ASAP
415	C		Recent droppings in cabinets / drawers	
344/345	C		Hand sink in kitchen area is blocked + no soap, paper towel.	

Received by (name and title printed): Marie Johnson	Inspected by (name and title printed): Dean Smith RST
Received by (signature): <i>Marie Johnson</i>	Inspected by (signature): <i>Dean Smith RST</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 3-27-23

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 3-27-23

- | DATE: | Action Taken: |
|----------------|--|
| <u>3-24-23</u> | <u>All items were removed from cabinets and drawers. All debris was vacuumed out. Cabinets and drawers were washed with Dawn dish liquid and Clorox bleach and then sanitized.</u> |
| <u>3-26-23</u> | <u>An employee will be present during the hours breakfast is served to take care of any spills or other issues.</u> |
| <u>3-26-23</u> | <u>Employees will be more diligent about trash removal and enforcing smoking in designated areas only.</u> |
| <u>3-26-23</u> | <u>Items blocking sink have either been moved or removed. Soap and paper towels are now available at hand sink.</u> |

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Marie Johnson Title: Front desk clerk

Establishment Name: Fair Bridge Inn & Suites

Address: 6138 Corridor Dr. Marion IN 46953