



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.

Form header with fields: Establishment Name (Comfort Suites), Telephone Number (760 Establishment, 651 Owner), Date of Inspection (3-23-23), ID # (27), Establishment Address (1345 N Baldwin Ave), Owner (Morrow Hotels), Owner's Address (2q/and MI), Person in Charge (Vicki), Responsible Person's E-mail, Certified Food Handler (Karen Jones exp 3-2028), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Summary of Violations (C, NC, R), Menu Type (2, 3, 4, 5).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text 'No violations'.

Form footer with fields: Received by (Vicki Blizard), Inspected by (Dean Smith KSDO), Received by (signature), Inspected by (signature), cc: