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 Hampton Inn	**Telephone Number** (765) Establishment ( ) Owner 662-6656	**Date of Inspection** *(mm/dd/yr)* 3-23-23	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1502 N Baldwin Ave			
Owner Kedar Patel	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address Orland Park FL	2. Follow-up 3. Complaint	**Summary of Violations:** C____ NC____ R____	
Person in Charge	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler Rachel Crawl exp 9-2027	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
			- No violations -	

Received by (*name and title printed*): Paula Pauley	Inspected by (*name and title printed*): Drew Small FSS
Received by (*signature*): Paula Pauley	Inspected by (*signature*): Drew Small FSS

cc:	cc:	cc: