# 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** Holiday Inn Express | **Telephone Number** (765) Establishment (674) Owner 674-6664 | **Date of Inspection** (*mm/dd/yr*) 1-31-23 | **ID #** 27 |
| **Establishment Address** (*number and street, city, state, ZIP code*) 4914 Beaver Blvd Gas City | | | |
| **Owner** Montgomery Hotel Group LLC | **Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) | **Follow-up** No | **Release Date** 10 days |
| **Owner's Address** 1788 W Salerno St ID | | **Summary of Violations:** C — NC — R — | |
| **Person in Charge** Rebecca | | | |
| **Responsible Person's E-mail** — | | **Menu Type** (*See back of page*) 1 2 X 3 4 5 | |
| **Certified Food Handler** Jessica Collier exp 1-2026 | | | |

- 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 |
|---|---|---|---|---|
| | * | | Serv Safe person can only have 1 licensee cant have license at more than 1 location in IN. | |

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|---|---|
| Received by (*name and title printed*): Rebecca McDonald | Inspected by (*name and title printed*): Dean Small PSBO |
| Received by (*signature*): Rebecca McDonald | Inspected by (*signature*): Dean Small PSBO |
| cc: | cc: cc: |