



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 with fields: Establishment Name (Holiday Inn Express), Telephone Number (573-6656), Date of Inspection (3-23-23), ID # (27), Owner (Suresh Patel), Purpose (Routine), Follow-up (No), Release Date (10 days), Person in Charge (Tony A), Responsible Person's E-mail, Certified Food Handler (Rohy Patel exp 2/28).

- 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/N/C, R, Narrative, To Be Corrected By. Row 1: 179, NC, R, Independent apples on counter - source line etc must be protected from contamination - wrapped, Tony A

Received by (name and title printed): Tonja S. Gordon; Inspected by (name and title printed): Dawn Small Reto; Received by (signature): Tonja S. Gordon; Inspected by (signature): Dawn Small Reto; cc: fields.