

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 2/6/23

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 2-6-2023.

DATE: 2-6-23 Action Taken: Upon notification S.C. was out of date & threw it away. Will pay closer attention to dates on containers. *John H. Ginn*

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

Name of Respondent: Joseph R. Simone Title: Kitchen Manager

Establishment Name: Suite Living Associates Inc.

Address: 1256 N 400 W, Marion IN

Attach additional sheets as needed.