



**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 <i>Best Western Plus</i>	Telephone Number Establishment Owner 9765 998 2331	Date of Inspection (mm/dd/yr) 1-29-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) <i>49365a Kaukauna Dr., Noblesville</i>	Follow-up 165 10 Days		
Owner <i>Mukesh Patel</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i></i>	Release Date <i>C 3 NC 2 R</i>	
Owner's Address <i>Same</i>	Summary of Violations:		
Person in Charge <i>Haley</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i></i>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Mukesh Patel</i>	3/14/24		

• 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
310	NC		Dust on ceiling vent above serving line - needs cleaned	ASAP
295	NC		Dry food debris on bottom inside cooler - needs cleaned to include flooring in prep area	Today
308	C		No sanitzer made up	
231	C		Com open trash can soiled with disposal debris - needs cleaned	
345	C		Bucket sitting in hand washing sink - Hand wash only	

Received by (name and title printed):

*Haley Lee*

Inspected by (name and title printed):

*Haley Lee*

Received by (signature):

*Haley Lee*

Inspected by (signature):

*1510*

cc:

cc:

cc: