



**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.

- 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"

Received by (name and title printed): Janell K. Frazier		Inspected by (name and title printed): Anita K. McCallum	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 2-8-25

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 1-29-25

<u>DATE</u>	<u>ACTION TAKEN</u>
<u>2-1-25</u>	<u>Cleaned dust on ceiling vent above serving line.</u>
<u>2-1-25</u>	<u>Cleaned debris + food from bottom of cooler/fridge.</u>
<u>2-2-25</u>	<u>Can opener cleaned of debris + food residue.</u>
<u>2-2-25</u>	<u>Sanitizers prepared.</u>
<u>2-2-25</u>	<u>Bucket removed from hand-wash only sink.</u>

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Mukesh Patel Title Owner

Establishment Best Western - Gas City

Address 4936 Kaybee Dr. Gas City, IN

Attach additional sheets as needed.