



**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 Best Western Plus	Telephone Number () 705	Date of Inspection (mm/dd/yr) 2-14-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4936 So. Bassell Dr., Des Moines	Owner Mukesh Patel	Owner 998-2331	
Owner Mukesh Patel	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Samy Bassell	Follow-up NO	Release Date 100 Days
Owner's Address Samy Bassell	Summary of Violations: C — NC — R —		
Person in Charge Mukesh Patel	Menu Type (See back of page)		
Responsible Person's E-mail 	1 — 2 X 3 — 4 — 5 —		
Certified Food Handler Mukesh Patel	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"

Received by (name and title printed):

Received by (name and title printed):
Janell K. Frazier

Inspected by (name and title printed)

Inspected by (name and title printed) H. M. Gaskins, Auditor

Received 10/10/2010 (signature):

Received by (signature):

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Inspected by (Signature):  510

cc:

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

DATE ACTION TAKEN

2-1-25 Cleaned dust on ceiling vent above serving line.
2-1-25 Cleaned debris & food from bottom of cooler (fridge).
2-2-25 Can opener cleaned of debris & food residue.
2-2-25 Sanitizer prepared.
2-2-25 Bucket removed from hand-wash only sink.

(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.

DP