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: ( ) Establishment 765 ( ) Owner 998-2331	Date of Inspection (*mm/dd/yr*): 9/5/24	ID #: 27
Establishment Address (*number and street, city, state, ZIP code*): 4936 So. Kaybee Dr., Gas City			
Owner: Mukesh Patel	Purpose: 1. Routine	Follow-up: NO	Release Date: 10 Days
Owner's Address: SAME	2. Follow-up	Summary of Violations:	
Person in Charge: Janell	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail:	4. Pre-Operational		
	5. Temporary	Menu Type (*See back of page*)	
Certified Food Handler: Mukesh Patel Issued 2020	6. HACCP	1___ 2 X 3___ 4___ 5___	
	7. Other (*list*) _____		

- 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
			No Violations	

Received by (*name and title printed*): Janell Frazier	Inspected by (*name and title printed*): Anastasia McCollum
Received by (*signature*): Janell Frazier	Inspected by (*signature*): [signature] EHO
cc:	cc:
	cc: