



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.

Form with fields: Establishment Name (Best Western Plus), Telephone Number (765-988-2331), Date of Inspection (2-25-22), ID # (27), Establishment Address (4936 Kaybee Dr Gas City), Owner (Mukesh Patel), Purpose (Routine), Follow-up (NO), Release Date (10 days), Owner's Address (13300 Six Points RD), Person in Charge (Sam), Responsible Person's E-mail, Certified Food Handler (Mukesh Patel Exp 3-19-2024)

- 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"

Table with 4 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Contains entries for milk sell by date, hand sink, sanitizer, and HVAC vent.

Received by (name and title printed): Sam Watson; Inspected by (name and title printed): Scott K Kendall / Dean Smith; Received by (signature): Sam Watson; Inspected by (signature): Scott K Kendall / Mukesh Patel

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 2-25-2022

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 2-25-22.

DATE:	Action Taken:
<u>2/25/22</u>	<u>Milk passed date was disposed of</u>
<u>2/25/22</u>	<u>Sanitizer water was made and at correct level</u>
<u>2/28/22</u>	<u>Food license is hung where guest can see it</u>
<u>2/26/22</u>	<u>HVAC vent was cleaned and put back up</u>

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

Name of Respondent: Haley Lowe Title: Front Desk clerk
Establishment Name: Best Western Plus Gas City
Address: 4936 South Kay bee drive Gas City IN 46933