



## **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 <b>Blues Point Inn Suites</b>		Telephone Number (760) 644-5860	Date of Inspection (mm/dd/yr) <b>2-14-25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>6138 Windsor Dr. Mayron</b>		Establishment Owner <b>Prakash Kumar Patel</b>		
Owner <b>Prakash Kumar Patel</b>	Purpose <ol style="list-style-type: none"> <li>1. Routine</li> <li>2. Follow-up</li> <li>3. Complaint</li> <li>4. Pre-Operational</li> <li>5. Temporary</li> <li>6. HACCP</li> <li>7. Other (list) _____</li> </ol>	Follow-up <b>NO FOLLOW UP</b>	Release Date <b>NO 10 Days</b>	
Owner's Address <b>Same</b>	Summary of Violations: — C <u>      </u> NC <u>      </u> R <u>      </u>			
Person in Charge <b>Prakash</b>	Menu Type (See back of page) 1 <u>      </u> 2 <u>      </u> 3 <u>      </u> 4 <u>      </u> 5 <u>      </u>			
Responsible Person's E-mail —				
Certified Food Handler <b>N/A</b>				

- 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):

*By (name and title printed):*  
Brijesh Patel

Inspected by (name and title printed)

Inspected by (name and title printed): ANGELA B. HUM  
Inspected by (signature): 150

Received by (signature):

ived by (signature): Brijesh Patel

1968-11-16 22

Inspected by (signature) TSO

cc:

CC3

CC