



State Form 48669 (R2/2-05)
SDH Form 51-0001

<div[](Image: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-~~5~~, 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 <i>Bliss point INN</i>	Telephone Number (704) 586-0860	Date of Inspection (mm/dd/yr) 7-23-25	ID # 29
Establishment Address (number and street, city, state, ZIP code) <i>6138 Corridor Dr.</i>			
Owner <i>Brifesh Kumar Patel</i>	Purpose: 1. Routing	Follow-up No	Release Date
Owner's Address <i>Same</i>	2. Follow-up	Summary of Violations: <i>P - P - C /</i>	
Person in Charge <i>Reddy</i>	3. Complaint		
Responsible Person's E-mail <i>_____</i>	4. Pre-Operational		
Certified Food Handler: <i>NIP</i>	5. Temporary	Menu Type (See back of page)	
	6. HACCP	<i>1 2 3 4 5</i>	
	7. Other (list) <i>_____</i>		

- 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):

Reddy S

Inspected by (name and title print/initials):

Inspected by (signature): *Deni Supri*

Received by (signature):

Reddy

Inspected by (signature):

Inspected by (signature):

CC:

66

CC3