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: BlissPoint Inn & Suites	**Telephone Number**: ( ) Establishment ( ) Owner 1004-5840	**Date of Inspection** (*mm/dd/yr*): 2-13-24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 6138 Corridor dr Marion			
Owner: Brijesh Kumar Patel	**Purpose**: 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10days
Owner's Address: Same	2. Follow-up	**Summary of Violations**:	
Person in Charge: MARK Patel	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational 5. Temporary 6. HACCP	**Menu Type** (*See back of page*): 1 X 2 3 4 5	
Certified Food Handler: NA	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*): Mark Patel	Inspected by (*name and title printed*): April Legare FSIO
Received by (*signature*): NA	Inspected by (*signature*): April Legare
cc:	cc:
	cc: