



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-~~2P~~, 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>Comfort Suites</i>	Telephone Number <i>714-555-1006</i>	Date of Inspection (mm/dd/yr) <i>7/21/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1345 N. Bel Air</i>			
Owner <i>Marion Nichols</i>	Purpose 1. Routine	Follow-up <i>No</i>	Release Date
Owner's Address <i>MZ</i>	2. Follow-up	Summary of Violations: <i>P - PF - E</i>	
Person in Charge <i>Karen</i>	3. Complaint		
Responsible Person's E-mail <i></i>	4. Pre-Operational		
Certified Food Handler <i>Karen Jones</i>	5. Temporary		
	6. HACCP		
	7. Other (list) <i>3-2023</i>		
	Menu Type (See back of page) <i>1 2 3 4 5</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):

Inspected by (name and title printed):

Received by (signature):

Digitized by srujanika@gmail.com

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