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: Comfort Suites	Telephone Number: ( ) Establishment; (765) 651-1006 Owner	Date of Inspection (*mm/dd/yr*): 9/4/24	ID #: 27
Establishment Address (*number and street, city, state, ZIP code*): 1345 No Baldwin, Marion			
Owner: Marion Hotels	Purpose: 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*)	Follow-up: NO	Release Date: 10 Days
Owner's Address: Same		Summary of Violations: C___ NC___ R___	
Person in Charge: Karen			
Responsible Person's E-mail		Menu Type (*See back of page*): 1 X 2___ 3___ 4___ 5___	
Certified Food Handler: Karen Jones Issue 3/4/23			

• 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*): Karen Jones	Inspected by (*name and title printed*): Angela M Collum
Received by (*signature*): Karen Jones	Inspected by (*signature*): Angela M Collum EHS
cc:	cc: / cc: