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 Suits	**Telephone Number**: ~~Rest~~ Establishment (765) Owner 10 6	**Date of Inspection** (*mm/dd/yr*): 2-6-24	**ID #**: 27
Establishment Address (~~number and street~~, city, state, ZIP code): 1345 N Baldwin Ave	**Purpose**: 1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: No	**Release Date**: 10 day
Owner: Marion Hotels		**Summary of Violations**: C__ NC__ R__	
Owner's Address: 1234 Winterwood Lane MI			
Person in Charge: Karen (Manish)		**Menu Type** (*See back of page*): 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler: Karen Jones exp			

- 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*): Karen Jones
Received by (*signature*): Karen Jones	Inspected by (*signature*): Karen Jones FSO
cc:	cc:
	cc: