



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 <i>Hampton Inn Marion</i>	Telephone Number () Establishment <i>(662) 6654</i>	Date of Inspection (mm/dd/yr) <i>2-26-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1502 N Baldwin Ave</i>			
Owner <i>Marion Hotel LLC</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>CASEY</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>SPNL</i>	Summary of Violations: <i>C NC R</i>		
Person in Charge <i>CASEY</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>CASEY</i>	1 <i>2</i> <i>3</i> <i>4</i> <i>5</i>		
Certified Food Handler <i>CASEY DeForest</i>	exp 11-2029		

- 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):

Casey

11-616

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