



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 <u>Hampton Inn</u>	Telephone Number <u>718-522-1000</u> Establishment	Date of Inspection (mm/dd/yr) <u>7/21/28</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1502 N Beale Street</u>			
Owner <u>Ketan Patel</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u>	Follow-up <u>NO</u>	Release Date
Owner's Address <u>FL</u>	Summary of Violations: <u>P - PC - E</u>		
Person in Charge <u>JOAN</u>	Menu Type (See back of page) <u>1 2 X 3 4 5</u>		
Responsible Person's E-mail <u> </u>			
Certified Food Handler <u>Green Defor ✓</u>	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):

Received by (signature):

Jan 11 1966 216

CC:

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ccv