



## **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>Holiday Inn Express</i>	Telephone Number (707) 674-6684	Date of Inspection (mm/dd/yr) 1-29-25/27	ID #
Establishment Address (number and street/city, state, ZIP code) <i>494 Seiner Blvd., Vacaville</i>	(707) 674-6684		
Owner <i>Timothy Knight</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <i>None</i>	Follow-up <i>NC</i>	Release Date <i>100 days</i>
Owner's Address <i>Same</i>		Summary of Violations:  <i>C — NC — R —</i>	
Person in Charge <i>John</i>		Menu Type (See back of page)  <i>1 2 X 3 4 5</i>	
Responsible Person's E-mail <i>John</i>			
Certified Food Handler <i>Andrew Silver 2/2/23</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):

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