



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>Holiday Inn Express</u>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <u>7-8-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>SK Hotel Greys Greenville OH</u>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <hr/>	Follow-up	Release Date
Owner <u>JESSEN</u>	Summary of Violations: <u>P N E</u>		
Owner's Address <u>Greenville OH</u>	Menu Type (See back of page) <u>1 V 2 3 4 5</u>		
Person in Charge <u>JESSEN</u>			
Responsible Person's E-mail <hr/>			
Certified Food Handler <u>N V</u>			

- 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):

Jessica

John G.

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