



**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 Holiday Inn Express	Telephone Number 705	Date of Inspection (mm/dd/yr) 2-24-22	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4914 Beaver Blvd Gas City	Owner 679 6664	Follow-up NO	Release Date 10 days
Owner Tim Knight	Purpose: 1. Routine	Summary of Violations: C2 NC2 R2	
Owner's Address 1788 W Salerno St IO	2. Follow-up	Menu Type (See back of page)	
Person in Charge Joanne Lilly	3. Complaint	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Johnie Hunter	5. Temporary		
	6. HACCP		
	7. Other (list)		

• 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
345	C	X	Hand Sink has white towels in sink preventing from washing hands	Today
347	NC	X	No paper towel provided at hand sink	}
191	C		No Date marking on 3 containers of Raw Eggs	
245	NC		wet cloth laying on counter by juice machine in serving area must be store in sanitizer when done doing task	

Received by (name and title printed): Joanne Lilly	Inspected by (name and title printed): Scott Kirkendall
Received by (signature): <i>Joanne Lilly</i>	Inspected by (signature): <i>Scott Kirkendall FS18</i>
cc:	cc: