



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.

Form with fields: Establishment Name (American Best Value Inn), Telephone Number (965 Establishment, 463 Owner 5840), Date of Inspection (9-18-19), ID # (27), Owner (Jai Mata Di LLC), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Person in Charge (Veronica Bozynski), Certified Food Handler (Michael Bozynski exp 2023), Summary of Violations (C 2 NC R 1), Menu Type (1 X 2 3 4 5).

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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 295, C, X, Plastic bin (drawer) below 3 bay sink holding 'clean' utensils has debris/dirt on inside, Today. Row 2: 191, C, , Chicken Soup in refrigerator dated 7-21-19.

Received by (name and title printed): Veronica Bozynski, Inspected by (name and title printed): Dawn Smith FSD, Received by (signature): Veronica Bozynski, Inspected by (signature): Dawn Smith FSD, cc: fields.

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 9-18-19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 9-18-19.

DATE: Action Taken:

9/18/19
295 C cleaned out drawer & washed utensils

191 C threwed soup away
going to make a designated area
for employees

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Veronica Bozynski Title: Front Desk

Establishment Name: ABUF

Address: 6138 Corinda Dr Marion

- Attach additional sheets as needed.