



**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>Americas Best Value Inn &amp; Suites</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>3-29-19</i>	ID # <i>27</i>
Establishment Address <i>6138 Corridor DR MARION</i>	<i>(765) Owner</i> <i>664-5840</i>	Follow-up <i>-</i>	Release Date <i>10 days</i>
Owner <i>Jai Mata Di LLC</i>	Purpose: 1. <input checked="" type="radio"/> Routine	Summary of Violations:  <i>C 1 NC 1 R -</i>	
Owner's Address <i>SAME</i>	2. Follow-up		
Person in Charge <i>Veronica Bozynski</i>	3. Complaint		
Responsible Person's E-mail <i>_____</i>	4. Pre-Operational		
Certified Food Handler <i>Michael Bozynski exp 10-2023</i>	5. Temporary	Menu Type (See back of page)	
	6. HACCP	<i>1/ 2 3 4 5</i>	
	7. Other (list) <i>_____</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"

Section#	C/NC	R	Narrative	To Be Corrected By
<i>295</i>	<i>C</i>		<i>Plastic bin below 3 bay sink holding clean utensils has debris/dirt in it and soiling utensils</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>white refrigerator to include freezer is being used and is dirty. Needs cleaned</i>	<i>Today</i>

Received by (name and title printed): <i>Veronica Bozynski</i>	Inspected by (name and title printed): <i>Dean Small FSD</i>
Received by (signature): <i>Veronica Bozynski</i>	Inspected by (signature): <i>Dean Small FSD</i>
cc:	cc:

