



**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>Best Western Plus</i>	Telephone Number <i>915 Establishment</i>	Date of Inspection (mm/dd/yr) <i>2-7-2019</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4936 Kay Bee Dr Gas City</i>	Owner <i>998-2381</i>	Follow-up <i>NO</i>	
Owner <i>Mukesh Patel</i>	Purpose: <input checked="" type="checkbox"/> Routine	Release Date <i>10 days</i>	Summary of Violations:  <i>C ___ NC <u>2</u> R ___</i>
Owner's Address <i>13300 Six Points Rd.</i>	2. Follow-up	Menu Type (See back of page)  <i>1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___</i>	
Person in Charge <i>Janelle Frazier</i>	3. Complaint		
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational		
Certified Food Handler <i>Mukesh is enrolled -</i>	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
<i>347</i>	<i>NC</i>		<i>No paper towel or way to dry hands at hand washing sink.</i>	<i>Today</i>
<i>298</i>	<i>NC</i>		<i>Inside at top of GE microwave is soiled w/ dried food</i>	<i>Today</i>
			<i>If this facility is to get a new CFH ASAP - will email a copy to office</i>	
			<i>(Signature)</i> <i>2/8/19</i>	

Received by (name and title printed): <i>MUKESH PATEL</i>	Inspected by (name and title printed): <i>Dylan Small ESTO</i>
Received by (signature): <i>M Patel</i>	Inspected by (signature): <i>M Patel ESTO</i>
cc:	cc: