



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 (Best Western Plus), Telephone Number ((765) Establishment), Date of Inspection (7-18-19), ID # (27), Establishment Address (4936 Kay Bee Dr Gas City), Owner (Mukesh Patel), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (13300 Six Points Rd Carmel), Person in Charge, Responsible Person's E-mail, Certified Food Handler (Mukesh Patel exp 3-2024), Summary of Violations (C/ NC R), 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: 191, C, , Saw stage of raw in refrigerator not date marked, discarded.

Received by (name and title printed): Kevin Bardine Task Force Mgr; Inspected by (name and title printed): Dawn Hall FSP; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [ ]

Operator Inspection Response  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7-21-19

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 7-19-19.

DATE: 7-21-19

Action Taken:

Products have stickers with storage date placed on lid of item. We have trained new associate these procedures to assure no error in future

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

Name of Respondent: Kevin Burdine Title: Task Force Manager

Establishment Name: Best Western Plus

Address: 4936 Kaybee Drive Gas City, IN 46933

- Attach additional sheets as needed.