



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>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>3-2-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4936 S. Knicker Dr Gas City</i>			<i>(765) (owner)</i> <i>998 2331</i>		
Owner <i>Mukeyh Patell</i>			Purpose: 1. Routine <u> </u> 2. Follow-up <u> </u> 3. Complaint <u> </u> 4. Pre-Operational <u> </u> 5. Temporary <u> </u> 6. HACCP <u> </u> 7. Other (list) _____	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>13300 Carmel IN</i>				Summary of Violations: <i>C/ NC R</i>	
Person in Charge <i>Janelle Frazier</i>				Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail					
Certified Food Handler <i>Makeesh Patel exp 3/2024</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>294</i>	<i>C</i>		<i>No sanitizer made up for wiping</i>		<i>Today</i>
Received by (name and title printed): <i>Janelle Frazier</i>			Inspected by (name and title printed): <i>Dean Smith BSA</i>		
Received by (signature): <i>Janelle Frazier</i>			Inspected by (signature): <i>Dean Smith BSA</i>		
cc:		cc:		cc:	

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 03-02-2020

Grant County Health Department
101 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 3-2-20.

DATE: 03-2-2020 Action Taken: Santi water was made and will
be made everyday before starting
breakfast.

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

Name of Respondent: Aryas Riddle Title: General Manager
Establishment Name: Best Western Plus Gas City
Address: 4936 S. Kayser Dr. Gas City, IN ~~46030~~
46033

Attach additional sheets as needed.

