



**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<br><i>Comport Suites</i>               | Telephone Number<br><i>(765) 780 6</i> | Date of Inspection<br><i>3-12-19</i>               | ID #<br><i>27</i>              |
| Establishment Address<br><i>1345 N Baldwin Ave Marion</i> | Owner<br><i>(65) 780 6</i>             | Follow-up<br><i>—</i>                              | Release Date<br><i>10 days</i> |
| Owner<br><i>Marion Hotels LLC</i>                         | Purpose:<br><u>1. Routine</u>          | Summary of Violations:<br><i>C — NC 3 R —</i>      |                                |
| Owner's Address<br><i>Same</i>                            | 2. Follow-up                           | Menu Type (See back of page)<br><i>1 X 2 3 4 5</i> |                                |
| Person in Charge<br><i>Nikki Persinger</i>                | 3. Complaint                           |  |                                |
| Responsible Person's E-mail                               | 4. Pre-Operational                     |  |                                |
|   | 5. Temporary                           |  |                                |
|   | 6. HACCP                               |  |                                |
|   | 7. Other (list)                        |  |                                |
| Certified Food Handler<br><i>KARON JONES</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 |
|---|------|---|--|--------------------|
| 297   | NC   |   | Small Amana freezer has ice build up<br>Need defrosted.  | To Day             |
| 295   | NC   |   | TRESE Cooler inside at top needs cleaned<br>dark debris.   | To Day             |
| 218   | NC   |   | Any equipment not used because broke or<br>not in use any more needs removed or replaced.<br>IE-microwave in back etc. | 10 days            |
| <div style="border: 1px solid black; border-radius: 50%; width: 200px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em;">3/13/19</span><br/> <span style="font-size: 1.5em;">initials</span> </div> |      |   |  |                    |

|   |  |
|---|--|
| Received by (name and title printed):<br><i>Nikki Persinger</i> | Inspected by (name and title printed):<br><i>Debra Small FSD</i> |
| Received by (signature):<br><i>Nikki Persinger</i>              | Inspected by (signature):<br><i>Debra Small FSD</i>              |
| cc:   | cc:  |