



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 header section containing fields for Establishment Name (Comfort Suites), Telephone Number (765 Establishment), Date of Inspection (7-15-19), ID # (27), Establishment Address (1345 N. Baldwin Ave Marion), Owner (Marion Hotels LLC), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (Same), Person in Charge (Karen Jones), Responsible Person's E-mail, Certified Food Handler (Karen Jones exp 5-2023), and Summary of Violations (C/ NC 2 R -).

• 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/N/C, R, Narrative, and To Be Corrected By. Contains three rows of violations: 129 (gloves), 245 (wiping cloth), and 298 (microwave).

Form footer section containing Received by (Karen Jones), Inspected by (Dean Anshel FST), Received by (signature: Karen Jones), Inspected by (signature: Dean Anshel FST), and cc: fields.

