



**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>Hampton Inn</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>9-13-19</i>	ID # <i>27</i>
Establishment Address <i>(number and street, city, state, ZIP code)</i> <i>1502 N Baldwin Ave Marion</i>	Owner <i>6062-6656</i>	Follow-up <i>NU</i>	Release Date <i>10 days</i>
Owner <i>U.S. Hospitality</i>	Purpose: 1. Routine <input checked="" type="checkbox"/>	Summary of Violations: <i>Cl NC R</i>	
Owner's Address <i>5111 E</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Kevin Jackson</i>	3. Complaint	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Barbara Kelly July 2020</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
187	C		Cold fruit sitting on cold plate kept at <i>58°F</i> after being in fridge. Needs to be <i>41°F</i> or less	<i>Corrected</i>

Received by (name and title printed): <i>Kevin Jackson</i>	Inspected by (name and title printed): <i>Debra Hall BSto</i>
Received by (signature): <i>K Jackson</i>	Inspected by (signature): <i>Debra Hall BSto</i>
cc:	cc:
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 9-13-19

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 9-13-19.

DATE: Action Taken:

*I replaced the fruit. I put fresh fruit out.
And I told the other employees do not put
MUST fruit out.*

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

Name of Respondent: KAC Title: Host

Establishment Name: Hampton Inn

Address: _____

- Attach additional sheets as needed.