



**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>Holiday Inn Express - Marion</i>	Telephone Number <i>968 Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>5-20-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1000 N Baldwyn Ave Marion</i>	<i>573-6656</i>		
Owner <i>Suresh Patel</i>	Purpose: <u>1. Routine</u>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Spice</i>	2. Follow-up	Summary of Violations: <i>C 2 NC 1 R</i>	
Person in Charge <i>Bethany Malburg</i>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified Food Handler <i>Rickie Patel exp-</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
<i>345</i>	<i>C</i>		<i>Handsink in prep area is blocked w/ soiled dishes. Handsink must be free & clean all times.</i>	<i>Corrected</i>
<i>187</i>	<i>C</i>		<i>Sausage gravy in cooler when temped it was 9/0 F. Must cool off w/ Ice bath etc before putting in cooler then it shall temp 41° or below</i>	<i>discarded</i>
<i>119</i>	<i>NC</i>		<i>Employee working dont have knowledge of food requirements, CFH is to teach other employees food safety</i>	<i>Tuesday</i>

Received by (name and title printed): <i>Bethany Malburg</i>	Inspected by (name and title printed): <i>Debra Small FSTO</i>
Received by (signature): <i>Bethany Malburg</i>	Inspected by (signature): <i>Debra Small FSTO</i>
cc:	cc:



GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5-20-19

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 5-20-19.

DATE: _____ Action Taken: #345 - Sink will stay free and clean of dishes. Washing hands only.

#187 - Employee will check daily on food temp. before placing in fridge. Will start using ice bath method to help cool down food.

#119 - Food certificates in office. Will show next time. Will place original copy in frame.

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

Name of Respondent: Ricky Patel Title: General Manager

Establishment Name: Holiday Inn Express & Suites

Address: 1000 North Baldwin Ave. Marion, IN 46952

• Attach additional sheets as needed.