



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: Holiday Inn Express, Telephone Number: (763) Establishment, Date of Inspection: 7-10-19, ID #: 27, Establishment Address: 4914 Barnes Blvd Cass City, Owner: Timothy Knight, Purpose: 1. Routine, Follow-up: NO, Release Date: 16 days, Person in Charge: Beckey McDonald, Responsible Person's E-mail: N/A, Certified Food Handler: Jessica Collins

- 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, To Be Corrected By. Contains two entries: 418 NC Personnel drinks in refrigerator w/ other food etc. Must be designated spot; 187 C Smudge patches temped 119°F.1

Received by (name and title printed): Rebecca J. McDonald, Inspected by (name and title printed): Debra Knall FST, Received by (signature): Rebecca J. McDonald, Inspected by (signature): Debra Knall FST

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-651-2401

Fax: 765-651-2419

DATE: 7-18-2019

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 7-18-19.

DATE: Action Taken:

7-18-2019 removed personal drink and moved it
to break room refrigerator

7-18-2019 removed sausage patties, will turn
temperature up on the warmer to keep
temp. at a higher level

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

Name of Respondent: Rebecca J. McDonald Title: Breakfast Bar Attendant

Establishment Name: Holiday Inn Express

Address: 4914 Bearer Blvd. Gas City, In.

o Attach additional sheets as needed.