



**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 Town Express</i>	Telephone Number <i>765 Establishment</i> <i>(814) 244-1111</i>	Date of Inspection (mm/dd/yr) <i>3-2-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4914 Berner Blvd Gas City</i>		Follow-up	Release Date
Owner <i>Montgomery Hotel Group</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 1 NC 1 R -</i>	
Owner's Address <i>1039 Shovel DR CA</i>	2. Follow-up		
Person in Charge <i>Shelby</i>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail <i>_____</i>	4. Pre-Operational	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified Food Handler <i>No CFH listed</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/N/C	R	Narrative	To Be Corrected By	
<i>118</i>	<i>C</i>		<i>No Certified Food Handler - Must have some one enrolled in 30-60 days.</i>	<i>73 days</i>	
<i>246</i>	<i>NC</i>		<i>Gloves are used for 1 hr then discarded 1 pair soiled gloves laying in kitchen on counter</i>	}	

Received by (name and title printed): <i>Sheila Richards</i>	Inspected by (name and title printed): <i>Dawn Spall PFT</i>
Received by (signature): <i>Sheila Richards</i>	Inspected by (signature): <i>Dawn Spall PFT</i>
cc:	cc: