



**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 765 Establishment	Date of Inspection (mm/dd/yr) 6-23-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4914 Beaver Blvd Gas City	Owner 679-6664	Follow-up NO	Release Date 10 days
Owner Timothy Knight	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: C L NC L R	
Owner's Address 1788 W Seleno St ID	<input type="radio"/> 2. Follow-up	Menu Type (See back of page) 1 2X 3 4 5	
Person in Charge Tamra Mallets	<input type="radio"/> 3. Complaint		
Responsible Person's E-mail 	<input type="radio"/> 4. Pre-Operational		
Certified Food Handler Tamra Mallets Exp 4-2025	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 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	
345	C		Hand Sink was blocked from use with debris	Today	
347	NC		no Paper Towel provided at hand sink	[Large handwritten squiggle]	

Received by (name and title printed): Tamra Mallets-GM	Inspected by (name and title printed): Scott K. Kendall / Peay Swell
Received by (signature): Tamra Mallets	Inspected by (signature): Scott Kendall / Wendell R...
cc:	cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: _____

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS

The following is a response to the inspection report prepared by the Health Department Food Safety Officer
Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 6-23-21.

DATE: 6/28/21

Action Taken:

We removed the items from our hand sink and restocked the paper towels

Name of Respondent: Tamra Mallets Title: GM

Establishment Name: Holiday Inn Express

Address: 4914 Beamer Blvd Gas City, IN 46933

Attach additional sheets as needed.