



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>Red Roof Tavern</i>	Telephone Number <i>(765) 578-5765</i>	Date of Inspection <i>7-15-19</i>	ID # <i>27</i>
Establishment Address <i>1165 N Baldwin Ave Marion</i>			
Owner <i>(Sue) Khoerbekov Dugra Davi</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>		Summary of Violations: <i>C / NC / R</i>	
Person in Charge <i>Ulzii Bay</i>		Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler			

- 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>439</i>	<i>C</i>		<i>Bottle of Mani Green sitting on drain board of 3 bay sink. Must be on floor or other location from sink/clean dishes.</i>	<i>Completed</i>
<i>245</i>	<i>NC</i>		<i>Wet wiping cloth laying on drain board at 3 bay sink not disinfected.</i>	<i>Today</i>

Received by (name and title printed): <i>Ulzii</i>	Inspected by (name and title printed): <i>Dan Bell FSTO</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: