



**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>Suite Living Associates</i>	Telephone Number <i>(763) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>7-29-21</i>	ID # <i>27</i>
Establishment Address <i>1256 N 400W</i>	<i>(384) Owner</i> <i>4323</i>		
Owner <i>Suite Living Associates</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 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>Joe</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail <i>_____</i>			
Certified Food Handler <i>Joe Simone exp 8-23</i>			

- 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>295</i>	<i>C</i>		<i>A leg knife hanging on wall stored clean does have dried food on it</i>	<i>Remove</i>
<i>431</i>	<i>NC</i>		<i>Flooring in kitchen, to include under grill & fryer soils w/ grease & food debris to include wall next to fryer.</i>	<i>Today</i>

Received by (name and title printed): <i>Joseph Simone</i>	Inspected by (name and title printed): <i>Dean Smith / Scott Kilduff</i>
Received by (signature): <i>Joseph Simone</i>	Inspected by (signature): <i>Dean Smith / Scott Kilduff</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 8-3-21

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 / Scott Kikendall from the Grant Co. Health Department on 7-29-21.

DATE: 7/29/21 Action Taken: Large knife cleaned and sanitized prior to your departure. Additionally, removed and washed all knives and hanging receptacle.

8/1-8/3 Detailed flooring under grill and fryers; sides of stove and fryers; wall along side of fryer. Also removed build up under condiment station and steam table.

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

Name of Respondent: Joseph Simone Title: Head of Kitchen

Establishment Name: Suite Living

Address: 1256 N400W Marion IN 46952