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 Super 8 Motel	**Telephone Number** (765) Establishment (998-6800) Owner	**Date of Inspection** (mm/dd/yr) 2-7-19	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 5172 Kaybee Dr Gas City			
Owner Patel Nukesh	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	**Follow-up** No	**Release Date** 10 days
Owner's Address 13300 Six Points Rd Carmel		**Summary of Violations:** C___ NC___ R___	
Person in Charge Adam Shaw			
Responsible Person's E-mail N/A		**Menu Type** (See back of page) 1 ✓ 2___ 3___ 4___ 5___	
Certified Food Handler Charity Cook exp 7-2020			

• 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
			- No violations at this inspection -	

WDW 2/8/19

Received by (name and title printed): Adam Shaw	Inspected by (name and title printed): Dean Small - FSIO
Received by (signature): Adam Shaw	Inspected by (signature): Dean Small - FSIO

cc:	cc:	cc: