



### 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>Super 8 Motel</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>7-18-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>5772 Kayber Dr Conns City</i>	<i>(998) Owner</i>		
Owner <i> Patel Nukesh</i>	Purpose: 1. Routine <input checked="" type="checkbox"/> 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>13300 Six Forks Carmel</i>	Summary of Violations: <i>C - NC 1 R -</i>		
Person in Charge <i>Adam Shaw</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>N/A</i>	<i>1</i> 2 3 4 5		
Certified Food Handler <i>Christy Cook exp 7-2020</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	N	R	Narrative	To Be Corrected By
<i>245</i>	<i>NC</i>			<i>wet wiping cloth laying on 2 bay sink NOT IN sanitizier</i>	<i>today</i>

Received by (name and title printed): <i>Adam Shaw</i>	Inspected by (name and title printed): <i>Debra Smith BSA</i>
Received by (signature): <i>Adam Shaw</i>	Inspected by (signature): <i>Debra Smith BSA</i>
cc:	cc:

Operator Inspection Response  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7-20-19

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

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 7-19-19.

DATE: 7-20-19 Action Taken: Removed wet Rags by Sink and Ordered a Sanitizer Bucket

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

Name of Respondent: Adam Shaw Title: Front desk Manager

Establishment Name: Super 8

Address: 5172 KayBee Dr gas city IN 46933

• Attach additional sheets as needed.