



**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 (9918) 6800</i>	Date of Inspection <i>(mm/dd/yr) 3-2-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>5772 Kaybee Dr Gas City</i>	Owner <i>Mike JH Patel</i>	Follow-up <i>NC</i>	Release Date <i>10 days</i>
Owner's Address <i>13318 Six Pts Cannel TN</i>	Person in Charge <i>Adam Shaw</i>	Summary of Violations: <i>C2 NC - R -</i>	
Responsible Person's E-mail	Certified Food Handler <i>None at this time</i>	Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
<ul style="list-style-type: none"> • 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
294	C		No sanitizer made for wiping	Correct L
295	C		Container holding new plastic ware has dried food debris inside	To Day
			Need A CFH within 30 days - enrolled CLASSES ARE 3-23/5-20/7-15 IN MARION 1-888-793/5134	

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