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: Best Western Plus	Telephone Number: 765 Establishment (998-2331 Owner	Date of Inspection (mm/dd/yr): 7-10-24	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 4936 S Kay bee Dr			
Owner: Mukesh Patel	Purpose: 1. Routine	Follow-up: No	Release Date: 10 days
Owner's Address: Same	2. Follow-up	Summary of Violations:	
Person in Charge: Same	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: —	4. Pre-Operational		
Certified Food Handler: Mukesh Patel (5/13/2029 ~~Expired~~)	5. Temporary	Menu Type (See back of page)	
	6. HACCP	1___ 2 X 3___ 4___ 5___	
	7. Other (list) ___		

• 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
			Need current certified Food Handler	
			* Corrected New one	

Received by (name and title printed): Falguni Patel	Inspected by (name and title printed): Dean Small
Received by (signature): F. Patel	Inspected by (signature): Dean Small PSTO
cc:	cc: / cc: