



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: Holiday Food Express, Telephone Number: (765) 674-6664, Date of Inspection: 7-10-24, ID #: 27, Owner: Timothy Knight, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Person in Charge: Jessica, Certified Food Handler: Andrew Silver exp 2026

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 347, NC, No paper towel or way to dry hands @ hand sink, To-Library

Received by (name and title printed): JESSICA WARD, Inspected by (name and title printed): DEAN SHULTZ, Received by (signature): [Signature], Inspected by (signature): [Signature]

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7/11/24

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 / April Legare from the Grant Co. Health Department on 7-10-24.

Date: 7/11/24 Action Taken: Paper towels were out in kitchen above sink. Jessica filled them

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

Name of Respondent: Banne Lilly Title: FOM

Establishment Name: Holiday Inn Express

Address: 4914 Beamer Blvd. Gas City In. 46933

Attach additional sheets as needed.