



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.

Form with fields: Establishment Name (Friendly Market), Telephone Number (765) Establishment, Date of Inspection (7-31-2027), ID # (27), Establishment Address (3801 S. Western Ave Marion), Owner (Grant Patel), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (13256 Mark Ln), Person in Charge (MAX), Responsible Person's E-mail (N/A), Certified Food Handler.

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: NO VIOLATIONS

Received by (name and title printed): M. Max. Inspected by (name and title printed): Scott Kikendall. Received by (signature): M. Max. Inspected by (signature): Scott Kikendall FSA. cc: fields.