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: Friendly Market	**Telephone Number** (765) Establishment (67[illegible]) Owner	**Date of Inspection** (mm/dd/yr): 8-14-19	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 3801 S. Western Ave Marion			
Owner: Gautam Patel	**Purpose:** 1. Routine (circled)	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: Same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Raj	3. Complaint	C____ NC____ R____	
Responsible Person's E-mail: —	4. Pre-Operational	**Menu Type** (See back of page)	
Certified Food Handler: —	5. Temporary	1 X 2 3 4 5	
	6. HACCP		
	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
			No violations at this inspection -	

Received by (*name and title printed*): Rajesh	Inspected by (*name and title printed*): Dean Smith / EHS
Received by (*signature*): Raj	Inspected by (*signature*): [signature] EHS
cc:	cc:
cc:	