



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 II		Telephone Number 765 Establishment 6064-4191	Date of Inspection (mm/dd/yr) 10-29-2007	ID # 107
Establishment Address (number and street, city, state, ZIP code) 1314 W 10th St Marion		Owner (6064-4191)	Follow-up NO	Release Date 10 days
Owner Gautam Patel		Purpose: <u>1. Routine</u>	Summary of Violations:  C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Owner's Address 2306 American Dr Marion		2. Follow-up	Menu Type (See back of page)	
Person in Charge Joan Hill		3. Complaint	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail <u>                        </u>		4. Pre-Operational		
Certified Food Handler NA		5. Temporary		
		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/N/C	R	Narrative	To Be Corrected By
243	NC		Several boxes of styrofoam cups sitting directly on floor in storage room 6 W. of floor	Today

Received by (name and title printed): Joan Hill	Inspected, by (name and title printed): Scott Kizenda
Received by (signature): 	Inspected by (signature): 
cc: <u>                        </u>	cc: <u>                        </u>