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** ( ) Establishment ( ) Owner 664-4191	**Date of Inspection** *(mm/dd/yr)* 10-9-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1314 W 10th St Marion			
Owner Gautam Patel	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** No	**Release Date** 10 days
Owner's Address 2306 American Dr Marion		**Summary of Violations:** C 1 NC ___ R ___	
Person in Charge Smile			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 X 2 ___ 3 ___ 4 ___ 5 ___	
Certified Food Handler N/A			

- 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
295	C		Ice machine has a dark residue after top also dark specks on ice made. Shut off and being emptied.	Today

Received by *(name and title printed)*: Ashok Patel	Inspected by *(name and title printed)*: Dean Small PSFS
Received by *(signature)*:	Inspected by *(signature)*: PSFS

cc:	cc:	cc: