



**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 <i>Friendly Solutions</i>	Telephone Number <i>(762) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i>	ID #
Establishment Address <i>975 E 560 S Marion</i>	<i>(774) Owner</i>	<i>8-14-19</i>	<i>27</i>
Owner <i>Grant Park</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>same</i>	<input type="checkbox"/> 2. Follow-up	Summary of Violations: <i>C - NC 2 R 1</i>	
Person in Charge <i>Simmie Patel</i>	<input type="checkbox"/> 3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail <i>_____</i>	<input type="checkbox"/> 4. Pre-Operational	<i>1 2 3 4 5</i>	
Certified Food Handler <i>_____</i>	<input type="checkbox"/> 5. Temporary		
	<input type="checkbox"/> 6. HACCP		
	<input type="checkbox"/> 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
<i>146</i>	<i>NC</i>	<i>X</i>	<i>7-6 8lb bagged ice inside floor cooler Not labeled - must have label w/ store name Address etc.</i>	<i>Today</i>
<i>399</i>	<i>NC</i>		<i>Cardboard used as shelf liner - NOT Allowed - Must be smooth, easily cleanable</i>	<i>Today</i>

Received by (name and title printed): <i>J.J. Patel</i>	Inspected by (name and title printed): <i>Dean Smith FST</i>
Received by (signature): <i>J.J. Patel</i>	Inspected by (signature): <i>Dea Koell FST</i>
cc:	cc: