



**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>(767) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> 2-15-19	ID # 27
Establishment Address <i>(number and street, city, state, ZIP code)</i> 975 E 500 S. Marion	Telephone Number <i>(674) Owner</i> 9438	Follow-up -	Release Date <i>10 days</i>
Owner <i>Gautam Patel</i>	Purpose: 1. <u>Routine</u>	Summary of Violations: <i>C 1 NC 2 R -</i>	
Owner's Address <i>Same</i>	2. Follow-up	Menu Type <i>(See back of page)</i>	
Person in Charge <i>Jamie Patel</i>	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 <i>N/A</i>	4. Pre-Operational		
Certified Food Handler <i>N/A</i>	5. Temporary		
	6. HACCP		
	7. Other <i>(list)</i>		

- 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
141	C		7-yahoo straw berry drinks in cooler - use by date 1-1-19 also carbon is damaged	Removed
146	NC		Bagged Ice inside store - Needs to have st label on them to include store NAME address - phone number	Today
391	NC		Outside in back - Many plastic cartons and other debris stored in yard. Needs removed.	10 days
			2/22/19 <i>(Signature)</i>	

Received by (name and title printed): <i>JTP</i>	Inspected by (name and title printed): <i>Diana Smith FST</i>
Received by (signature): <i>JTP</i>	Inspected by (signature): <i>Diana Smith FST</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 2/17/19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 2-15-19

DATE:	Action Taken:
<u>2-15-19</u>	<u>Section 141 completed by employee.</u>
<u>2-15-19</u>	<u>Section 146 completed Sunday</u>
<u>2-16-19</u>	<u>Section 391 completed by employee</u>
<u>3/7/19</u> <u>update</u>	

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Sammy Title: manager

Establishment Name: friendly solutions

Address: 975 E 500 S Marion 46953