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 Solutions	**Telephone Number** (76 Establishment (79 Owner 9438	**Date of Inspection** *(mm/dd/yr)* 7-20-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 975 E 500 S.			
Owner Goutam 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 13256 Monk Ln Carmel		**Summary of Violations:** C___ NC 1 R 1	
Person in Charge Jamie Patel			
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
298	NC	X	Inside of microwave is soiled w/ dried food debris	10 days

Received by (*name and title printed*):
J. J. Patel

Received by (*signature*):
J. J. Patel

Inspected by (*name and title printed*):
Dean Snell PST

Inspected by (*signature*):
Dean Snell PST

cc:

cc:

cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7/24/21

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 7-20-21.

DATE: Action Taken:

7/20/21 Microwave cleaned

Name of Respondent: Jacoby Title: Manager

Establishment Name:

Address: Friendly solution, 975 E 500 S marion

Attach additional sheets as needed.