



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 STOP - BP	Telephone Number 765 674 3444	Date of Inspection (mm/dd/yr) 3-14-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 701 E. MAIN ST. GAS CITY, IN	() Owner	Follow-up NO	Release Date 3-24-19
Owner KAM PATEL	Purpose: 1. Routine	Summary of Violations: C NC R	
Owner's Address 13256 MINK LN. CARMEL	2. Follow-up	Menu Type (See back of page)	
Person in Charge * MITAL	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 N/A	4. Pre-Operational		
Certified Food Handler PER CURRENT MENU - NO FOOD PREP N/A	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/NC	R	Narrative	To Be Corrected By
			NO VIOLATIONS AT THIS INSPECTION	
			* STOPPED MAKING ALL TYPES OF PIZZAS PER OWNER/MANAGERS *	

Received by (name and title printed): X MITAL	Inspected by (name and title printed): Rogale Carr - FSD
Received by (signature): X MITAL	Inspected by (signature): [Signature] FSD
cc:	cc: