



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.

Form with fields: Establishment Name (Friendly Stop), Telephone Number (765), Date of Inspection (6/29/20), ID # (27), Establishment Address (701 E Main St Gas City), Owner (Kam Patel), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (1325 E Mink Ln Carmel), Person in Charge (Mike), Responsible Person's E-mail, 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains: No Violations on this inspection.

Received by (name and title printed): MIKE
Received by (signature): [Signature]
Inspected by (name and title printed): Scott Wilkerson / Deputy Manager
Inspected by (signature): [Signature]

cc: [Blank]