



**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 Market	Telephone Number 765 Establishment	Date of Inspection (mm/dd/yr) 10-29-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3801 S Western Ave Marion	Owner 674-1360	Follow-up NO	Release Date 10 days
Owner Gautam Patel	Purpose: K Routine	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Owner's Address Same	2. Follow-up	Menu Type (See back of page)	
Person in Charge Raja	3. Complaint	1 <input checked="" type="checkbox"/> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail <u> </u>	4. Pre-Operational		
Certified Food Handler <u> </u>	5. Temporary		
	6. HACCP		
	7. Other (list) <u> </u>		

- 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 on this inspection	

Received by (name and title printed): Raja Singh	Inspected by (name and title printed): Scott K Kendall
Received by (signature): Raja Singh	Inspected by (signature): Scott K Kendall #510
cc:	cc: