



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 fields for Establishment Name (Friendly Stop), Telephone Number (674-3444), Date of Inspection (1-22-20), ID # (27), Owner (Kam Patel), Purpose (Routine), Follow-up (NO), Release Date (10 days), Owner's Address (1325 E Mink Ln Carmel), Person in Charge (MAYE), Certified Food Handler (N/A), Summary of Violations (C2 NC R).

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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains entries for ice machine residue and expired food items.

Received by (name and title printed): Max Inspected by (name and title printed): Dawn Smith FSDI Received by (signature): M. Inspected by (signature): Dawn Smith

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 1/26/20

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 1-22-20.

DATE:	Action Taken:
<u>1/22/20</u>	<u>Section 295 c Done by Employee</u>
<u>1/22/20</u>	<u>Section 141 c Done by Employee</u>

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

Name of Respondent: Sammy Patel Title: Manager

Establishment Name: Friendly Stop

Address: 701 E Main St, Gas City, IN 46933

o Attach additional sheets as needed.