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	**Telephone Number** 765 Establishment ( ) Owner 674-3444	**Date of Inspection** (*mm/dd/yr*) 2-22-22	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 701 E Main St Gas City			
Owner Kam Patel	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 13256 Mink LN Carmel	2. Follow-up	**Summary of Violations:**	
Person in Charge Yogi	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail —	4. Pre-Operational		
	5. Temporary	**Menu Type** (*See back of page*)	
Certified Food Handler N/A	6. HACCP	1 X 2___ 3___ 4___ 5___	
	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	

Received by (*name and title printed*): Yogi Patel	Inspected by (*name and title printed*): Scott Kikendall
Received by (*signature*): [signature]	Inspected by (*signature*): Scott Kikendall FS10

cc:	cc:	cc: