



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 header section containing fields for Establishment Name (Friendly Stop), Telephone Number (674-3444), Date of Inspection (8-1-20), ID # (27), Establishment Address (701 E Main St Gas City), Owner (Kan Patel), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (Camel In), Person in Charge (Mike), Responsible Person's E-mail, and 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 4 columns: Section#, C/NC, R, Narrative, and To Be Corrected By. Row 1: 345, C, A can of cond sauce in hand sink in the back, removed. Row 2: 293, NC, inside microwave lined feet debris on inside, Feb 2021 Complete.

Signature section with fields for Received by (name and title printed), Inspected by (name and title printed), Received by (signature), and Inspected by (signature).

cc: field for recording distribution of the report.

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 9/1/20

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott kikendall from the Grant Co. Health Department on 9-1-20.

DATE:	Action Taken:
<u>9/1/20</u>	<u>345 c Done by Employer</u>
<u>9/1/20</u>	<u>298 Done by Employer</u>

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

Name of Respondent: Mike Title: _____

Establishment Name: Friendly Stop

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