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 (BP)	**Telephone Number** 765-674-( ) Establishment ( ) Owner 3444	**Date of Inspection** *(mm/dd/yr)* 10/29/18	**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** YES	**Release Date** 11-8-18
Owner's Address 2116 SPENCE AVE MARION	2. Follow-up 3. Complaint	**Summary of Violations:** C 5 NC 2 R 4	
Person in Charge P mitch	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail N/A	6. HACCP	**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Certified Food Handler CANNOT find OWNER STATED OBTAIN 3-6-18	7. Other *(list)* Follow up IN 10 DAYS		

- 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
118	C	X	THIS facility stated on 2-23-18 that A CFH will be OBTAINED ON 3-6-18 CANNOT LOCATE CFH (CERTIFIED FOOD HANDLER) CERTIFICATE) INFO left to OWNER ON 1-30-18 inspection	TODAY
187	C		SMALL 2 DOOR REFRIGERATOR BACON AND PEPPERONI TEMPED AT 57°f AND 47°f THIS UNIT IS NOT MAINTAINING A TEMP 41°f	DISCARDED By Employee
141	C		IN SMALL 2 DOOR REFRIGERATOR ALSO HAD 1-BAG of SAUSAGE, 1-CAN of BLACK OLIVES 1-CAN of MUSHROOMS, 1-BAG of CHICKEN heavily contaminated with MOLD	DISCARDED By Employee
295	C	X	THE INTERIOR of ICE MACHINE HAS A PINK, AND OTHER DARK RESIDUE ON PLASTIC SHIELD ALSO THE UNDERSIDE WHERE ICE COMES OUT this needs cleaned before using ICE ALSO the nozzle of CAPPUCCINO "BUNN MACHINE HAS A DARK RESIDUE ON DISPENSING AREAS	TODAY
298	NC	X	THE INTERIOR OF MICROWAVE IS SOILED W/ OLD DRIED FOOD DEBRIS	TODAY

Received by *(name and title printed)*: P mitch	Inspected by *(name and title printed)*: R Dale Lam FSSO
Received by *(signature)*:	Inspected by *(signature)*: R Dale Lam - FSSO

cc: P mitch	cc:	cc:

NARRATIVE REPORT

Establishment Name	Address	Inspection Date
Friendly Market (BP)	701 E Main St. Gas City	10/29/18

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC		The following "Non-food" Contact Surfaces are soiled with lint, old food debris ect 1) All floor coolers in pizza area. 2) Pizza oven 3) Rack holding utensils ect on smaller pizza cooler	Today
296	C	X	Pizza cutters and tongs, to include large spatula that takes pizza out of oven soiled with lint, and old food debris per owner not cleaned every 4 hrs but Daily	Today
			ALL X marked in R column are Repeats from 1-30-18 inspection.	

Received By (Name & Title)

Inspected By (Name & Title) FSTO

State Form 48621 (R2 / 8-05)

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 111 / 123
Fax 765-651-2419

DATE: 10/30/18

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 R.Dale Carr-FSIO / Dean Small-FSIO **from the Grant Co. Health Department on** 10/29/18.

DATE:	Action Taken:
10/29/18	section 118 done by employe.
10/29/18	section 187 completed by employe.
10/29/18	section 141 done by employe.
10/29/18	section 295 done by employe.
10/29/18	Section 298 completed by employe.
10/29/18	section 295 completed by employe.
10/29/18	section 296 done by employe

Name of Respondent: mike patel **Title:** manager

Establishment Name: friendly market (B.P)

Address: 701E main St gasCity 46933

Attach additional sheets as needed.