



# 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 <i>MJ95 Inc / Mission Parkway</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>3-30-23</i>	ID # <i>27</i>
Establishment Address <i>3245 S. Washington St.</i>	( ) Owner	Follow-up <i>N/A</i>	Release Date <i>10 days</i>
Owner <i>Mandeep Singh</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C / NC / R -</i>	
Owner's Address <i>same</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>MANDEEP SINGH</i>	3. Complaint	<i>1 / 2 / 3 / 4 / 5</i>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>MJA</i>	5. Temporary		
	6. HACCP		
	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	
<i>295</i>	<i>NC</i>		<i>Cabinet below fountain pop hits pop on floor (inside cabinet)</i>	<i>Today</i>	
<i>187</i>	<i>C</i>		<i>Cooler temp shall be 410-450°F at all times - pop cooler temp is 48°F</i>	<i>?</i>	

Received by (name and title printed): <i>MANDEEP SINGH</i>	Inspected by (name and title printed): <i>Debra Smith PStD</i>
Received by (signature): <i>MANDEEP SINGH</i>	Inspected by (signature): <i>Debra Smith PStD</i>
cc:	cc: