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: 1595, INC	Telephone Number: ( ) Establishment 765 621 0609 ( ) Owner	Date of Inspection (*mm/dd/yr*): 3/13/25	ID #: 27
Establishment Address (*number and street, city, state, ZIP code*): 201 N. Main St, Fairmount			
Owner: Mandeep Singh	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	Follow-up: NO	Release Date: 10 Days
Owner's Address: Same		Summary of Violations: C___ NC___ R___	
Person in Charge: Jackie			
Responsible Person's E-mail: —		Menu Type (*See back of page*): 1___ 2___ 3 X 4___ 5___	
Certified Food Handler: Jackie Martz 3/12/25			

- 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
			Previous violations have been addressed/taken care of	

Received by (*name and title printed*): Jacqueline Martz

Received by (*signature*): Jacqueline Martz

Inspected by (*name and title printed*): Angela R McCollum

Inspected by (*signature*): Angela R McCollum 7510

cc: | cc: | cc: