



**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 <b>3395, INC</b>	Telephone Number ( ) Establishment <b>769</b>	Date of Inspection (mm/dd/yr) <b>2-19-25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>201 N. Main St., Fairmount</b>	( ) Owner <b>6270609</b>	Follow-up <b>yes</b>	Release Date <b>10 Days</b>
Owner <b>Manjeet Singh</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>pending 3/25</b>	Summary of Violations: <b>C 4 NC 3 R 3</b>	
Owner's Address <b>Same</b>	Menu Type (See back of page) <b>1 2 3 X 4 5</b>		
Person in Charge <b>Jacqueline Mantz</b>			
Responsible Person's E-mail <b>—</b>			
Certified Food Handler <b>Jacqueline Mantz</b>			

• 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
324	NC		Food humor cooler and walk-in freezer ice touching product	
296	C		Containers stored on top shelf or were not covered with dry food	
303	C	✓	NO Sanitizer made up	
295	C		Can opener blade covered with dry food to include base having black clumps on it	
191	C		Date marking - NO date on coleslaw cup coffee	
295	NC		The following non-food contact items soiled with dry food debris	
		✓ 1	Range oven	
		✓ 2	Area around range, floor, walls, floor	
		✓ 3	Utensils sitting on high prep table	
		✓ 4	Wire rack shelves be 3 inches	
310	NC	✓	Black debris/dust on produce cooler fan covers	

Received by (name and title printed):

Inspected by (name and title printed):

*Jacqueline Mantz*

*Amber McCallum*

Received by (signature):

Inspected by (signature):

*Jacqueline Mantz*

*Amber McCallum*

cc:

cc:

cc:

# NARRATIVE REPORT

Establishment Name <u>JS95 Inc</u>			Address <u>201 N Main St Fairmount</u>	Inspection Date <u>2-19-2025</u>
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
191	C		<p>The following Cold Food items are on shelf/cooker with print "USE by date"</p> <p>7/- 8 packages of Red/Green grapes sell by 2-14-2-17</p> <p>7 Smithfield Smoked Ham use by 2-18</p> <p>3 - Peanut Butter Mousse use by 2-13</p> <p>2 - Cherry Cheesecake 2-10-2025</p> <p>4 - Pinchito Cookies 2-13-2025</p> <p>4 - BANANA PUDDING 1-31-25</p> <p>3 - 3 cup Salad 1-31-25</p> <p>9 Lunchable Sunkables (Pret w/PB) sell by 1-25</p> <p>8 Boneless Ham USE by 1-25-25</p> <p>5 Spinach Dip 11.5oz Best by 12-16-2024</p> <p>5 Dairy Fresh Sour Cream USE by 2-4-25</p> <p>4 Gerber Apple Juice Best by 1-31-2025</p> <p>1 Tippy Toes Electrolyte Best by 9-7-2024</p>	<u>Today</u>
Received By (Name & Title) <u>Deb Mays</u>			Inspected By (Name & Title) <u>MM 10-1510</u>	Page <u>2</u> of <u>2</u>