



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 3595, INC	Telephone Number () 765 Establishment () 627-0609	Date of Inspection (mm/dd/yr) 2-19-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 201 N. Main St., Fairmount	Owner Wandeep Singh	Follow-up yes	Release Date 10 Days
Owner's Address Same	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: C 4 NC 3 R 3	
Person in Charge Jack	Responsible Person's E-mail 	Menu Type (See back of page) 1 2 3 X 4 5	
Certified Food Handler Jack Martz	pending 3/25		

• 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
324	NC		Boat Humor cooler and walk in freezer ice touching product	
296	C		Containers stored on top shelf or wire rack soiled with dry food	
303	C	✓	NO Sanitizer Made up	
295	C		Can opener blade soiled with dry food to include base having black debris on it	
191	C		Date marking - No date on cold draw cup cooler	
295	NC		The following non food contact items soiled with dry food debris	
		1	pizza oven	
		2	area around fryer, fryer walls, floor	
		3	utensils sitting on high prep table	
		4	wire rack shelves w/ 3 pap pins	
310	NC	✓	Black debris/dust on produce cooler don cones	

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
191	C		<p>The following cold food items are on shelf/cooler with past "USE by date"</p> <p>4/- 8 packages of Red/Green grapes sell by 2-14-2025</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 - Pina Colada Cream 2-18-2025</p> <p>4 - BANANA Pudding 1-31-25</p> <p>3 - 3 cup Salad 1-31-25</p> <p>9 Lunchable Dunkables (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 12-10-2024</p> <p>5 Dairy Fresh Sour Cream use by 2-4-25</p> <p>4 Gekker Apple Juice Best by 1-31-2025</p> <p>1 Tippy Toes Electrolyte Best by 9-7-2024</p>	Today
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2