



**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>PS Upland INC</b>	Telephone Number <b>765</b> Establishment <b>998-7456</b> Owner	Date of Inspection (mm/dd/yr) <b>2-24-22</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>863 S MAIN ST Upland</b>	Owner <b>Palwinder Singh</b>	Follow-up <b>10 days</b>	Release Date <b>10 days</b>
Owner's Address <b>71 Creekside DR Upland</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C 2 NC 4 R 5</b>	
Person in Charge <b>Stefanie Hubbard</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Responsible Person's E-mail <b></b>	3. Complaint		
Certified Food Handler <b>Palwinder Singh Exp 5-13-2024</b>	4. Pre-Operational		
	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
191	C	X	Several Packages of Deli Express Sandwiches Today with no date marking	}
295	C	X	Plastic Flap in Ice Machine has a dark residue on bottom of flap	
347	NC	X	NO Paper Towel at Hand Sink in Back	
296	NC	X	Cappuccino Machine nozzles are heavily soiled with food residue & clean every 24 hrs	
146	NC	X	Bags of Ice prepared by store with no labeling: STORE INFO STORE NAME - ADDRESS - PHONE #	
431	NC		Floor in walk in freezer has trash thru out Repeats Not Corrected are subject to Fines IF 3 times in a row!	

Received by (name and title printed): <b>Stefanie Hubbard</b>	Inspected by (name and title printed): <b>Scott K Kendall</b>
Received by (signature): <b>[Signature]</b>	Inspected by (signature): <b>Scott Kendall FSO</b>
cc:	cc:



PS.

### GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: Feb 28, 22

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 Dean Small / Scott Kikendall from the Grant Co. Health Department on 2-24-22.

DATE:	Action Taken:	
<u>Feb 28-22</u>	<u>191 C</u>	<u>Done</u>
<u>Feb 28-22</u>	<u>295 C</u>	<u>Done</u>
<u>Feb 28-22</u>	<u>377 NC</u>	<u>Done</u>
<u>Feb 28-22</u>	<u>8296 NC</u>	<u>Done</u>
<u>Feb 28-22</u>	<u>146 NC</u>	<u>Done</u>
<u>Feb 28-22</u>	<u>431 NC</u>	<u>Done</u>

**(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)**

Name of Respondent: Pawinder Singh Title: owner

Establishment Name: Pawinder Singh

Address: 863 S main st Marion, IN 46953

Attach additional sheets as needed.