



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>PS Marion INC</i>	Telephone Number 708-513-7030	Date of Inspection (mm/dd/yr) 4-21-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) <i>2403 W 26th St.</i>			
Owner <i>Palwinder Singh</i>	Purpose 1. Routine	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>Marion</i>	2. Follow-up	Summary of Violations:	
Person in Charge <i>Tony</i>	3. Complaint	<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>Sukhcharn Singh - (Tony)</i>	5. Temporary	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	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"

Received by (name and title, printed):

Tom

Inspected by (name and title printed):

inspected by (name and title)
Dear Sam

Received by (signature):

ture);

Incubated by (signature)

inspected by (signature): Pat Bell BSL

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