



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 PS Upland Inc		Telephone Number () Establishment 998-7450	Date of Inspection (mm/dd/yr) 3/5/24	ID # 27
Establishment Address (number and street, city, state, ZIP code) 863 S. Main St		() Owner 998-7450		
Owner Palwinder Singh	Purpose:	Follow-up NO	Release Date 10 days	
Owner's Address Same	1. Routine	Summary of Violations: C 1 NC 2 R -		
Person in Charge Palwinder	2. Follow-up	Menu Type (See back of page)		
Responsible Person's E-mail	3. Complaint	1 2 3 X 4 5		
Certified Food Handler Palwinder 5/2024	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
347	NC		NO Paper towel Off hand Sink	Today
295	C		Handles at Donut case soiled with food	}
324	NC		Blue Bunny Freezers has ice touching product	

Received by (name and title printed): RSW		Inspected by (name and title printed): April Legare RSIO	
Received by (signature): RSW		Inspected by (signature): April Legare	
cc:	cc:	cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111

Fax 765-651-2419

DATE: _____

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 / April Legare from the Grant Co. Health Department on 3/5/24.

Date:

Action Taken:

March 05-24 347 improve food label protocol

March 05-24 295 Handled at Donut case all cleaned out by employee

March 10-24 324 Blue bunny Ice cream all ice clean out.

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

Name of Respondent: Paul Title: owner

Establishment Name: Wland Marathon

Address: 863 S main street Wland IN 46989