

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>P.S. Upland INC - Marathon</b>	Telephone Number ( ) Establishment <b>765</b>	Date of Inspection (mm/dd/yr) <b>7/10/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>883 So. Main St., Upland</b>	( ) Owner <b>998-7456</b>		
Owner <b>Palwinder Singh</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>10 Days</b>
Owner's Address <b>2001</b>		Summary of Violations: <b>P- 12 2</b>	
Person in Charge <b>Sunny</b>		Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Responsible Person's E-mail			
Certified Food Handler <b>Palwinder Singh</b>	<b>6/1/24</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#	CNE	R	Narrative	To Be Corrected By
447(a) C			Map sitting in bucket - Needs to be hung to dry	Tadley
274 PF			3 boys sink, non complaint - have dark residue and empty soda cans on it - Dish washing only	
306(a) C			The following "Non Food Contact" area soiled with dry food debris, pizza prep table inside top, to include handles	
<del>281(a) PF</del>			<del>No test kit/straps on site</del>	<del>CNE 5/10/25 correct</del>
<p>P - Priority = Critical  PF - Priority Foundation = ASAP  C - Core = Noncritical</p>				

Received by (name and title printed):		Inspected by (name and title printed): Anastasia E. McCollum	
Received by (signature): Sunny		Inspected by (signature): [Signature] #510	
cc:	cc:	cc:	



# Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123  
Fax 765-651-2419

Date: \_\_\_\_\_

765-651-2401 (Phone) 765-651-2419 (Fax)  
Grant County Health Department  
401 South Adams Street  
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 7-10-25

DATE	ACTION TAKEN
July 10-25 447(a)	All done fixed
July 10-25 274	all cleaned fixed
July 10-25	cleaned very well fixed

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Paul Syph Title owner

Establishment PS Ulland Inc

Address 863 S main street Ulland Inc

Attach additional sheets as needed.

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