



# 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 MARION FANC. / Sundae</b>	Telephone Number (708) Establishment <b>573-7032</b>	Date of Inspection (mm/dd/yr) <b>2-8-24</b>	ID # <b>27</b>
Establishment Address (number, and street, city, state, ZIP code) <b>2403 W 31<sup>st</sup> St.</b>	Owner <b>Palwinder Singh</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>
Owner's Address <b>SAME</b>	Person in Charge <b>Tony</b>	2. Follow-up	Release Date <b>10 days</b>
Responsible Person's E-mail	3. Complaint	4. Pre-Operational	Summary of Violations: <b>C / NC / R /</b>
Certified Food Handler <b>Palwinder Singh exp 5-2024</b>	5. Temporary	6. HACCP	Menu Type (See back of page) <b>1 2 3 / 4 5</b>
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
392	NC		TRASH along fence & back of building	7 days
191	C		No date marking on - raw chicken, sausage crumbles in cooler @ kitchen	10 days
430	NC	X	+/- 5 cutting/plates stained brown in color	

Received by (name and title printed): <b>Tony</b>	Inspected by (name and title printed): <b>Dennis Smith</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: