



**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 Upland Inc</i>	Telephone Number <i>765 998 7456</i>	Date of Inspection (mm/dd/yr) <i>8-29-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>8603 S. Main St Upland</i>	Owner <i>Palwinder Singh</i>	Follow-up	Release Date <i>10 days</i>
Owner's Address <i>656 S. Main St Upland</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C4 NC4 R2</i>	
Person in Charge <i>Tony</i>		Menu Type (See back of page) <i>1 2 3/4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Shaandeep Kaur exp Oct 2019</i>			

• 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
187	C		2- sausage & egg biscuit under warmer temp at 125°F - must be 135° or above	Corrected
295	NC		Following 'Non food' contact items are soiled w/ dried food debris: 1) Inside pizza cooler 2) Deep fryer - if not in use must be cleaned and	Today
245	NC	X	Wet wiping cloths laying on ledge of 3 bay sink also by hand sink	
295	C	X	Meat slicer has dried food debris on it	
294	C		No sanitizer made for wiping cloths also no sanitizer test strips	Today
191	C		Deli Express sandwiches in cooler, no date marking	Today
298	NC		Inside customers microwave soiled on inside	
174	NC		In walk in freezer - water/ice on product	

Received by (name and title printed): <i>TONY SINGH</i>	Inspected by (name and title printed): <i>Dawn Small PSH</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] PSHO</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419

DATE: 09/05/19

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 8-29-19.

DATE:	Action Taken:
09/01/19	Right away fix the temperature of oven.
09/01/19	Cleanup refrigeration under the pan, Pizza cooler.
09/01/19	cleaned the fryer right away.
09/01/19	putted putted the all clothes in basket.
09/01/19	clean the slicer right away.
09/03/19	All ready mention the dates on sandwiches.
09/01/19	Yes, cleaned the microwaves.
09/01/19	Yes, putted the trays where ice was frozen in freezer.

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

Name of Respondent: Tony Title: Manager

Establishment Name: Upland Marathon

Address: 863 S. Main Street, Upland, IN, 46989