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**: (765) Establishment; ( ) Owner 998-7456	**Date of Inspection** (*mm/dd/yr*): 6-9-21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 8635 Main St Upland			
Owner: Palwinder Singh	**Purpose**: 1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*)	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 71 Creekside DR Gas City		**Summary of Violations**: C___ NC___ R___	
Person in Charge: Palwinder Singh			
Responsible Person's E-mail: —		**Menu Type** (*See back of page*): 1___ 2___ 3 X 4___ 5___	
Certified Food Handler: Palwinder			

- 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
	—		No violations at this inspection —	

Received by (*name and title printed*): Palwinder Singh	Inspected by (*name and title printed*): Dean Snell
Received by (*signature*): Palwinder Singh	Inspected by (*signature*): Dean Snell FSTO
cc:	cc: / cc: