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 Marathon - PS Upland INC	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/9/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 863 S. Main St., Upland			
Owner Palwinder Singh	**Purpose:** 1. Routine 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 same		**Summary of Violations:** C 1 NC 1 R —	
Person in Charge Paul (Palwinder)			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 ___ 2 X 3 ___ 4 ___ 5 ___	
Certified Food Handler Palwinder Singh Issued 6/1/24			

- 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
310	NC		Black debris on/around ice machine door and inside seal	Today
395	C		Dust on fan guard and walls in walk in cooler	

Received by (*name and title printed*): Palwinder Singh

Received by (*signature*): Palwinder Singh

Inspected by (*name and title printed*): Angela Bryant EHS

Inspected by (*signature*): [signature] 2510

cc: | cc: | cc:

Operator Response to Inspection
State Form 80047 (2-01)

Grant County Health Department

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

Date: Sept 12-24

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 9/9/24

DATE	ACTION TAKEN
Sept 09-24	310 NC Done
Sept 09-24	295 C Done ice machine has been cleaned 9/13/24

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

Name Palwinder Singh Title owner

Establishment Palwinder Singh

Address 863 S main street Volland Indiana 46 989

Attach additional sheets as needed.