



**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>American Legion Post # 313</i>	Telephone Number <i>765 948 4131</i> Establishment	Date of Inspection (mm/dd/yr) <i>7-2-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>522 E 8th St. FAIRMOUNT</i>	( ) Owner	Follow-up <i>NO</i>	
Owner <i>MEMBERS</i>	Purpose: <input checked="" type="checkbox"/> Routine	Release Date <i>7-12-19</i>	Summary of Violations: <i>C 1 NC 2 R 1</i>
Owner's Address <i>SAME</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Jerry Harislaw</i>	3. Complaint	1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>X</u> 5 <u>  </u>	
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational		
Certified Food Handler <i>DEANNA WISNER</i>	5. Temporary		
	6. HACCP		
	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
173	C		IN TRUE COOLER THERE IS SALSA CONTAINERS COVERED WITH ALUMINUM FOIL IN DIRECT CONTACT WITH BOTH SALSAS	CORRECTED (THIS WAS PERSONAL FOOD ITEMS)
238	NC	X	+/- 2 soiled wiping cloths AIR DRYING ON INTERIOR LEDGE OF 3-BAY SINK 1 soiled wiping cloth laying on DRAIN BOARD	TODAY
413	NC		THE BACK DOOR PROPEL OPEN BY A PIECE OF WOOD, AND IS NOT PROTECTING THIS FACILITY FROM ENTRY OF INSECTS AND RODENTS	TODAY

Received by (name and title printed): <i>Jerry Harislaw</i>	Inspected by (name and title printed): <i>R Dale Carr - FSD</i>
Received by (signature): <i>Jerry Harislaw</i>	Inspected by (signature): <i>R Dale Carr - FSD</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7-3-19

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 7-2-19.

DATE: Action Taken:

DATE:	Action Taken:
<u>7-3-19</u>	<u># 173 TRASHED</u>
<u>7-3-19</u>	<u># 238 WENT TO TOWEL BASKET</u>
<u>7-3-19</u>	<u># 413 DOOR CLOSED</u>

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

Name of Respondent: JEERY HANLEY Title: Commander

Establishment Name: American Legion Post 313

Address: 552 E. 8th St. Fairmount IN 46928

- Attach additional sheets as needed.