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 American Legion Post #10	**Telephone Number** (765 Establishment ( ) Owner 662-1008	**Date of Inspection** (*mm/dd/yr*) 11-13-19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1702 Pennsylvania Ave			
Owner Members	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C 2 NC 1 R 1	
Person in Charge Larry Holt	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail —	6. HACCP 7. Other (*list*)	**Menu Type** (*See back of page*) 1 2 3 4 5	
Certified Food Handler NO			

- 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
295	C	X	Ice machine underneath has a dark residue. Needs emptied & clean	
431	NC		Flooring in kitchen to include under the equipment is soiled.	Today
191	C		Food sitting in cooler. Not date marked.	

Received by (*name and title printed*): LARRY D. HOLT	Inspected by (*name and title printed*): Dean Small FSD
Received by (*signature*): Larry D. Holt	Inspected by (*signature*): Dean Small FSD
cc:	cc:
	cc: