



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 10</i>	Telephone Number <i>765</i> Establishment <i>682-1008</i>	Date of Inspection (mm/dd/yr) <i>6-29-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1700 Pennsylvania Ave Marion</i>	Owner <i>Members</i>	Follow-up <i>N/A</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: <i>C 1 NC 2 R -</i>	
Person in Charge <i>James Dudley</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Responsible Person's E-mail <i>/</i>			
Certified Food Handler <i>N/A</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
<i>295</i>	<i>NC</i>		<i>Hot Point Fridge in kitchen needs clean has food debris in it</i>	<i>Today</i>
<i>298</i>	<i>NC</i>		<i>Microwave across from Fryer is soiled on the INSIDE</i>	
<i>191</i>	<i>C</i>		<i>containers in fridge with out of ^{use} date -by date Tomatoes/onions 2-25-21; Ranch Dressing 3-19-21</i>	<i>Pulled</i>

Received by (name and title printed): <i>James Dudley</i>	Inspected by (name and title printed): <i>Scott Kendall / Dean Small</i>
Received by (signature): <i>James Dudley</i>	Inspected by (signature): <i>Scott Kendall / Dean Small</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7-2-21

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 6-29-21.

DATE:	Action Taken:
<u>7-1-21</u>	<u>Cleaned out Microwave</u>
<u>7-1-21</u>	<u>Cleaned out and wiped down Hot point Fridge</u>

Name of Respondent: Chris Casto Title: Canteen Manager

Establishment Name: American Legion Post 70

Address: 1700 S. Pennsylvania St Marion IN. 46953