



**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 <b>American Legion Post 368</b>	Telephone Number <b>(765) Establishment</b>	Date of Inspection <b>(mm/dd/yr)</b> <b>6-9-21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>115 E Main St Van Buren</b>	Owner <b>(934)-2700</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Members</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C2 NC<del>X</del> R2</b>	
Owner's Address <b>Same</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 3<del>X</del> 4 5</b>	
Person in Charge <b>Karen Kirkpatrick</b>	3. Complaint		
Responsible Person's E-mail <b>_____</b>	4. Pre-Operational		
Certified Food Handler <b>Need Enrolled within 30 days</b>	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
138	NC		Employee cooking with no hair Restraint	Today
295	NC	X	Top of stove is soiled with food debris previous violations 7-20, 2-20	}
345	C	X	Hand sink in kitchen has food debris in it	
294	C		Dishwasher tested @ ppm when tested	
			<del>X</del> Need Enrolled within 30 days	

Received by (name and title printed): <b>Karen Kirkpatrick</b>	Inspected by (name and title printed): <b>Scott Kikendall / Roan Small</b>
Received by (signature): <i>Karen Kirkpatrick</i>	Inspected by (signature): <i>Scott Kikendall / Roan Small</i>
cc:	cc: