



**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 Am Vets Post 5	Telephone Number 765	Date of Inspection (mm/dd/yr) 6-29-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 705 W 37th St Marion	Owner 674-2400		
Owner Members	Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up NO	Release Date 10 days
Owner's Address Same	2. Follow-up	Summary of Violations: C L NCL R L	
Person in Charge Joyce Ball	3. Complaint		
Responsible Person's E-mail 	4. Pre-Operational	Menu Type (See back of page) 1 2 3 X 4 5	
Certified Food Handler Gabriella Robinson Exp 2023	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/N/C	R	Narrative	To Be Corrected By
146	NC		clean Plastic Bottles throughout Kitchen with no labels or contents	Today
191	C		2 Items out of use by date 1) Poppyseed Dressing 3-2020 2) Sour Cream 5-21	Pulled

Received by (name and title printed): Joyce Ball	Inspected by (name and title printed): Scott Kendall / Dean Snel
Received by (signature): <i>Joyce Ball</i>	Inspected by (signature): <i>Scott Kendall</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 6/29/21

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>6/29/21</u>	<u>Expired items discarded</u>
<u>6/29/21</u>	<u>clear plastic bottles labeled with contents</u>

Name of Respondent: Stacey Cannon Title: Kitchen Manager

Establishment Name: Amvets Post 5

Address: 705 W. 37th St., Marion, IN 46953