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: Eagles #227	**Telephone Number**: 765 Establishment; 673-0352 Owner	**Date of Inspection** (*mm/dd/yr*): 5-21-21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 933 S Washington St Marion			
Owner: Fraternal Order of Eagles #227	**Purpose:** (1. Routine)	**Follow-up**: NO	**Release Date**: 10 day
Owner's Address: Same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Mike Moore	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Diane Reece Exp 2-2025	5. Temporary	1___ 2X 3___ 4___ 5___	
	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
			No Violations	

Received by (*name and title printed*): Michael A. Moore	Inspected by (*name and title printed*): Scott/CiKendall
Received by (*signature*): Michael A. Moore	Inspected by (*signature*): Scott/CiKendall FS10

cc:	cc:	cc: