RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Grant County Health Dept
Food Division
401 S. Adams
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 Fairmount American Legion Post 313	**Telephone Number** (765) 948-4431	**Date of Inspection** *(mm/dd/yr)* 6-2-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 522 E. 8th. Street P.O. Box 164 Fairmount, IN 46928	( ) Owner		
Owner Fairmount American Legion	**Purpose:** 1. Routine ~~2. Follow-up~~ 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C___ NC___ R✓	
Person in Charge ANGIE			
Responsible Person's E-mail NA		**Menu Type** *(See back of page)* 1___2 x 3___4___5___	
Certified Food Handler ~~C. Michael Davis~~ Deanna Wisner Exp 4-2022			

- 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*):
Angie Mullins

Received by (*signature*):
Angie Mullins

Inspected by (*name and title printed*):
Scott Kendall / Deanna Wisner

Inspected by (*signature*):
Scott Kendall / Deanna Wisner (EFI)

cc:

cc:

cc: