



**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 Grant Co. Amvets #5	Telephone Number (765) Establishment (679) 2400	Date of Inspection (mm/dd/yr) 1-18-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 705 W 37th St. Marion	Owner Members	Purpose: <u>1. Routine</u>	Follow-up NO
Owner's Address SAME	Person in Charge GARY Fornsshell	2. Follow-up	Release Date 10 days
Responsible Person's E-mail Gabriel	3. Complaint	4. Pre-Operational	Summary of Violations: C 1 NC 2 R 3
Certified Food Handler ② NAME - Need to get within 3 mos.	5. Temporary	6. HACCP	Menu Type (See back of page) 1 2 3 X 4 5
	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
295	NC		The following "Non Food" Contact items are soiled w/ dried food debris X 1) Naebo machine X 2) Inside microwave & interior - previous violation on 8-2018	Today
297	NC	X	Flooring through out kitchen to include under fryers - - previous violation 8-2018	Today
196	C		Consumer Advisory must be put on all menus - IE Hamb. - Cheeseburger - 2/8/19 Feb Copy of person with safe serve copy on site.	10 days

Received by (name and title printed): Gary Fornsshell	Inspected by (name and title printed): Dawn Small
Received by (signature): Gary Fornsshell	Inspected by (signature): Dawn Small
cc:	cc: