



**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 <i>The Out Post</i>	Telephone Number <i>769 Establishment</i>	Date of Inspection (mm/dd/yr) <i>6-25-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>9060 SE 00 W Fairmount</i>	Owner <i>618-1668</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Michelle Ogden</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C / NC / R /</i>	
Owner's Address <i>530 Circle Dr</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 <del>4</del> 5</i>	
Person in Charge <i>Michelle</i>	3. Complaint		
Responsible Person's E-mail <i></i>	4. Pre-Operational		
Certified Food Handler <i>Michelle</i>	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
295	NC		The following "Non Food" Contact Items are soiled 1) Grill FRONT to include bottom shelf where utensils and pans stored 2) Top of 6 burner stove	
295	C	X	Dishes stored clean are soiled with dried food debris	

Received by (name and title printed): <i>Michelle Ogden</i>	Inspected by (name and title printed): <i>Scott Kikendall / Dean Small</i>
Received by (signature): <i>Michelle Ogden</i>	Inspected by (signature): <i>Scott Kikendall</i>
cc:	cc: