



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.

Form with fields: Establishment Name (VFW Post 7403), Telephone Number (768 Establishment, 668 Owner 7638), Date of Inspection (6-25-21), ID # (27), Establishment Address (3120 S Washington Marion), Owner (Members), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (Same), Person in Charge (Dennis Young), Responsible Person's E-mail (N/A), Certified Food Handler (Linda Horn Exp 3-2023), Summary of Violations (C NC R), Menu Type (1 2 3/4 5).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: NO VIOLATIONS ON THIS INSPECTION

Received by (name and title printed): Inspected by (name and title printed): Scott K Kendra U
Received by (signature): Dennis Young Inspected by (signature): Scott K Kendra U
cc: cc: cc: