



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 VFW Post 7403	Telephone Number 9165 Establishment	Date of Inspection 6-26-19	ID # 29			
Establishment Address (number and street, city, state, ZIP code) 3120 S Washington St						
Owner Members	Purpose: 1. Routine	Follow-up NO	Release Date 10 days			
Owner's Address None	2. Follow-up	Summary of Violations:				
Person in Charge SUSAN BARK	3. Complaint	C <input type="checkbox"/>	NC <input checked="" type="checkbox"/>	R <input type="checkbox"/>		
Responsible Person's E-mail N/A	4. Pre-Operational					
Certified Food Handler Linda (Lynn) 800 312073	5. Temporary					
	6. HACCP					
	7. Other (list) _____					
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>

• 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"

Received by (name and title printed):

Inspected by (name and title printed):

Baptismal Name

Plan 1

66

cc:

CC7

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: July 1, 19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 6-26-19.

DATE: Action Taken:

July 1 Ordered tiles. Used ones I had, still working on finding
leakers. Ordered tiles for floor made apt to get it done by a man in that
field as soon as can be worked out.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Charles Marks Title: Commander

Establishment Name: VFW Post 7403

Address: 3120 So. Washington St Marion, In 46953

- Attach additional sheets as needed.