



**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>American Legion #10 Marion</i>	Telephone Number <i>765</i> Establishment	Date of Inspection (mm/dd/yr) <i>2-21-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1700 PENNSYLVANIA AVE</i>	Owner <i>662-1008</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>MemBERS</i>	Purpose: <u>1. Routine</u> 2. Follow-up <u>3. Complaint</u> 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>c2 NC2 R1</i>	
Owner's Address <i>Same</i>	Person in Charge <i>LARRY</i>	Menu Type (See back of page)	
Responsible Person's E-mail <i>[Redacted]</i>	Certified Food Handler <i>Larry Holt Exp 12-2026</i>	1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	

- 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
191	C	X	No date marking on Sliced Tomatoes and Forest Ham and Bologna Expired 2-3 packed	Today
431	NC		Flooring thru out Kitchen is soiled	}
295	NC		The Following Non Food Contact Items are soiled with food debris 1) Basket Holding Ice Scoop for Ice machine 2) Freezer door Handles - UPRIGHT 3) Oven Handles to include inside and top of oven 4) Outside of Fryer and stand next to it	
295	C		Underneath Plastic Shield in Ice Machine has Dark Residue <i>Complaint Not Found</i>	

Received by (name and title printed): <i>LARRY D. HOCT</i>	Inspected by (name and title printed): <i>Scott Kendall / Dawn Sneyd</i>
Received by (signature): <i>Larry D. Hocht</i>	Inspected by (signature): <i>Scott Kendall / Dawn Sneyd</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 3-1-23

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 2-21-23.

DATE:	Action Taken:
<u>2-21-23</u>	<u>295 - ICE SCOOP &amp; BASKET DEEP CLEANED &amp; SEAKED</u>
<u>2-24-23</u>	<u>191 - ALL CONTAINERS CLEANED, NEW PRODUCT &amp; PROPERLY LABELED &amp; DATED</u>
<u>2-24-23</u>	<u>BROUGHT IN MAINTENANCE CLEANED &amp; WAXED FLOORS AS WELL AS DEGREASED &amp; CLEANED COUNTERTOPS, HANDLES, SIDES &amp; DOORS</u>
<u>2-28-23</u>	<u>HAD MAINTENANCE EMPTY ICE MACHINE SCRUB DOWN MACHINE OUTSIDE PLUS INSIDE. ALSO CALLED MR. ICE TO SCHEDULE CLEANING ON THE TOP UNIT.</u>

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

Name of Respondent: LARRY HOLT Title: GENERAL MGR

Establishment Name: AMERICAN LEGION POST 10

Address: 1700 PENNSYLVANIA ST. MARION IN 46953