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 Fairmount American Legion Post 313	**Telephone Number** 765 Establishment 948-4431 Owner	**Date of Inspection** *(mm/dd/yr)* 3-8-23	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 522 E 3rd ST Fairmount			
Owner Members	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 10 days
Owner's Address Po Box 164		**Summary of Violations:** C___ NC___ R___	
Person in Charge Kim			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1___ 2X 3___ 4___ 5___	
Certified Food Handler Deanna Wisner			

- 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
			NO Violations	

Received by (*name and title printed*): John Puente	Inspected by (*name and title printed*): Scott Kilcrandall
Received by (*signature*): John Puente	Inspected by (*signature*): Scott Kilcrandall FSO

cc:	cc:	cc: