



**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 <u>American Legion Post 368</u>	Telephone Number (<u>75</u>) Establishment (<u>931-2700</u>) Owner	Date of Inspection (mm/dd/yr) <u>6/24/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>115 E. Main St., Van Buren</u>			
Owner <u>American Legion</u>	Purpose 1. Routine	Follow-up	Release Date <u>NO 10 Days</u>
Owner's Address <u>Same</u>	2. Follow-up		
Person in Charge <u>Karen</u>	3. Complaint		
Responsible Person's E-mail <u></u>	4. Pre-Operational		
Certified Food Handler <u>Karen Kortenbrink</u>	5. Temporary		
	6. HACCP		
	7. Other (list) <u>11/10/21</u>		
Menu Type (See back of page)			
1 <u> </u> 2 <u> </u> 3 <u>X</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 "B"

Section#	C/N/C	R	Narrative	To Be Corrected By
306(a) C			The following "Non Food/Contact" item soiled with food debris - needs cleaned Today	
210(a) P			Thawing / May be fully - Raw meat in 3 bay sink Must be fully submerged under running water	

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

I. THE HISTORICAL PERSPECTIVE

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第二部分

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