



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 American Legion Post 368	Telephone Number () Establishment (765) 931-2700	Date of Inspection (mm/dd/yr) 6/24/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 115 E. Main St., VanBuren	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) _____	Follow-up NO	Release Date 10 Days
Owner American Legion		Summary of Violations: P 1 PF - C 1	
Owner's Address Same		Menu Type (See back of page) 1 2 3 X 4 5	
Person in Charge Karen			
Responsible Person's E-mail _____			
Certified Food Handler Karen Kirkpatrick 11/10/21			

• 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#	CNC	R	Narrative	To Be Corrected By
306(a) C			The following "non food contact" item today soiled with food debris - needs cleaned	
210(a) P			Thawing Improperly - Raw meat in 3 bags must be fully submerged under running water	
 P - PRIORITY / CRITICAL PF - PRIORITY FOUNDATION / ASAP C - CORE / NON CRITICAL				
Received by (name and title printed): Karen Kirkpatrick - COOK			Inspected by (name and title printed): Angela R. McCallum	
Received by (signature): Karen Kirkpatrick			Inspected by (signature): Angela R. McCallum	
cc:			cc:	