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 #10 Marion	**Telephone Number** (765) Establishment 662-1008 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 3/30/2024	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1700 Pennsylvania Ave			
Owner Members	**Purpose:** (1. Routine)	**Follow-up** No	**Release Date** 10 days
Owner's Address same	2. Follow-up 3. Complaint	**Summary of Violations:** C 2 NC 1 R 1	
Person in Charge James McGreevy	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail N/A	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1 2 3 X 4 5	
Certified Food Handler Larry Holt Exp 12/2026			

- 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 salad dressings in several refridgerators.	
191	C		Salad Dressing Expired in walk in cooler	
291	NC		No sanitizer test strips available to test sanitizer water	

Received by (*name and title printed*): James McGreevy Commander

Received by (*signature*): James McGreevy

Inspected by (*name and title printed*): Kyle Kellogg Food Inspector

Inspected by (*signature*): Kyle Kellogg

cc: | cc: | cc: