



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 # 368</i>		Telephone Number (<i>765</i>) Establishment <i>434-2700</i> () Owner	Date of Inspection (mm/dd/yr) <i>3/30/24</i>	ID # <i>27</i>	
Establishment Address (number and street, city, state, ZIP code) <i>115 E Main St Vawharen</i>		Owner <i>Members</i>		Follow-up <i>NO</i>	
Owner's Address <i>SAME</i>		Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Release Date <i>10 days</i>	Summary of Violations: <i>C _ NC R </i>	
Person in Charge <i>Karen</i>			Menu Type (See back of page)		
Responsible Person's E-mail			<i>1 _ 2 _ 3 <input checked="" type="checkbox"/> 4 _ 5 _</i>		
Certified Food Handler <i>Karen Kirk Patrick 11/10/2024</i>					

• 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
<i>305</i>	<i>NC</i>	<i>X</i>	<i>Hood system is scheduled for service April 17, 24 Hood vents ARE REALLY clean on A schedule</i>	

Received by (name and title printed): <i>Karen Kirkpatrick</i>	Inspected by (name and title printed): <i>Kyle Kellogg Food Inspector</i>
Received by (signature): <i>Karen Kirkpatrick</i>	Inspected by (signature): <i>Kyle Kellogg</i>
cc:	cc: