



**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 313</u>	Telephone Number ( <u>716</u> ) <u>759-7431</u>	Date of Inspection (mm/dd/yr) <u>7/24/15</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>(P.O. Box 164) 5227 8th St., Fairmount, PA 17327</u>	Owner <u>American Legion Post 313 INC</u>	Owner <u>None</u>	
Owner	Purpose: <ol style="list-style-type: none"> <li>1. Routine</li> <li>2. Follow-up</li> <li>3. Complaint</li> <li>4. Pre-Operational</li> <li>5. Temporary</li> <li>6. HACCP</li> <li>7. Other (list) <u>None</u></li> </ol>	Follow-up <u>NO</u>	Release Date <u>100 days</u>
Owner's Address	Summary of Violations: <u>P - R - C -</u>		
Person in Charge <u>Mirra Bennie</u>	Menu Type (See back of page) <u>1 2 X 3 4 5</u>		
Responsible Person's E-mail <u>Mirra.Bennie@post313.org</u>			
Certified Food Handler <u>Mirra Bennie</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 “R”

Received by (name and title printed):

Henry Sloan Thez Sloan

Inspected by (name and title printed):

Inspected by (name and title printed): *John Gandy, H. C. L. M.*  
Inspected by (signature): *J. Gandy* CC: *J. Gandy*

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: