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 313	**Telephone Number** ( ) Establishment: 765 ( ) Owner: 348-4431	**Date of Inspection** (*mm/dd/yr*): 9/18/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 522 E. 6th St., Fairmount			
Owner: American Legion Post #313	**Purpose:** 1. Routine	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: Same	2. Follow-up	**Summary of Violations:** C___ NC___ R___	
Person in Charge: Kim	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler: Myra Bennie 6/22	5. Temporary	**Menu Type** (*See back of page*): 1___ 2_X_ 3___ 4___ 5___	
	6. HACCP		
	7. Other (*list*)		

- 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
			No Violations	

Received by (*name and title printed*): Kim Smith

Received by (*signature*): Kim Smith

Inspected by (*name and title printed*): Angela R. McCollum

Inspected by (*signature*): Angela R. McCollum 7810

cc: | cc: | cc: