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 ( ) Owner 948-4431	**Date of Inspection** (*mm/dd/yr*): 3/20/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 522 E 8th St. Fairmount			
Owner: American Legion Post	**Purpose:** 1. ~~Routine~~ 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10days
Owner's Address: Fairmount, In		**Summary of Violations:** C— NC 1 R—	
Person in Charge: Angela			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 X 3 4 5	
Certified Food Handler: Myra Bennie 6/5/2002			

- 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
430	NC		Back door has a gap to where you can see the sunlight Needs to be sealed	ASAP

Received by (*name and title printed*): Angela Mullins	Inspected by (*name and title printed*): April Logue FS10
Received by (*signature*): Angela Mullins	Inspected by (*signature*): April Logue
cc:	cc:
	cc: