



## **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 368</u>	Telephone Number ( <u>765</u> ) Establishment ( <u>9312700</u> ) Owner	Date of Inspection (mm/dd/yr) <u>6/24/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>115 E. Main St., Van Buren</u>	Follow-up   Release Date <u>NO 110 Days</u>		
Owner <u>American Legion</u>	Purpose <u>1. Routine</u>	Summary of Violations: <u>P 1 PF = C 1</u>	
Owner's Address <u>50mle</u>	2. Follow-up		
Person in Charge <u>Karen</u>	3. Complaint		
Responsible Person's E-mail <u>_____</u>	4. Pre-Operational		
Certified Food Handler <u>Karen Kirkpatrick</u>	5. Temporary		
	6. HACCP		
	7. Other (list) <u>11/10/21</u>		
		1 <u>      </u> 2 <u>      </u> 3 <u>X</u> 4 <u>      </u> 5 <u>      </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”