



# 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<br><b>American Legion Post 368</b>  |       | Telephone Number<br>( <b>765</b> )<br><b>931-2700</b>  | Date of Inspection<br>(mm/dd/yr)<br><b>6/24/25</b>                                       | ID #<br><b>27</b>              |                    |
| Establishment Address (number and street, city, state, ZIP code)<br><b>115 E. Main St., VanBuren</b>                           |       | Purpose:<br><input checked="" type="radio"/> 1. Routine<br><input type="radio"/> 2. Follow-up<br><input type="radio"/> 3. Complaint<br><input type="radio"/> 4. Pre-Operational<br><input type="radio"/> 5. Temporary<br><input type="radio"/> 6. HACCP<br><input type="radio"/> 7. Other (list) | Follow-up<br><b>NO</b>   | Release Date<br><b>10 Days</b> |                    |
| Owner<br><b>American Legion</b>  |       | Summary of Violations:<br><b>P 1 PF - C 1</b>  |  |                                |                    |
| Owner's Address<br><b>Same</b>   |       |  |  |                                |                    |
| Person in Charge<br><b>Karen</b>   |       |  |  |                                |                    |
| Responsible Person's E-mail  |       |  |  |                                |                    |
| Certified Food Handler<br><b>Karen Kirkpatrick 11/10/21</b>  |       | Menu Type (See back of page)<br>1 ___ 2 ___ 3 <b>X</b> 4 ___ 5 ___   |  |                                |                    |
| • 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/N/C | R  | Narrative  |                                | To Be Corrected By |
| 306(a) C   |       |  | The following "non food contact" item today soiled with food debris - needs cleaned      |                                |                    |
| 210(a) P   |       |  | Thawing Improperly - Raw meat in 3 bags sink must be fully submerged under running water |                                |                    |
| P - PRIORITY / CRITICAL<br>PF - PRIORITY FOUNDATION / ASAP<br>C - CORE / NON CRITICAL  |       |  |  |                                |                    |
| Received by (name and title printed):<br><b>Karen Kirkpatrick - cook</b>   |       |  | Inspected by (name and title printed):<br><b>Angela S. McGillum</b>                      |                                |                    |
| Received by (signature):<br><b>Karen Kirkpatrick</b>   |       |  | Inspected by (signature):<br><b>Angela S. McGillum</b>                                   |                                |                    |
| cc:  |       |  | cc:  |                                |                    |