

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.

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Establishment Name AMRKICHA) Legion Post 10				Telephone Number	Date of In (mm/dd/yr	
Fachlish mant Address (would be und street aits state 710 ands)				(63) Establishment 8	10 7	2/20 20
1700 Penns y vanip Ave Mariar (10 20 wifer 0 0 70 20 2/						
Owner A				Purpose:	Follow-u	p Release Date
1 Nombers				1. Routine	No	10 2045
Owner's Address				2. Follow-up	Summary of Violations:	
Spoml				3. Complaint		,,
Person in Charge				4. Pre-Operational	C -	NC R
LAVERA CHRIS				= 5. Temporary		
Responsible Person's E-mail				6. HACCP	Menu Type (See back of page)	
				7. Other (list)		\mathcal{M}_{-}
Certified Food Handler				7. Other (nsi)	12	3 <u></u> 45
• 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 ()		I	To Be Corrected By
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Received by (name and title printed):						
Cheis CASTO Scott Kikenia (// Kanda						
Received by (signature):						
Christo Cousto Est/Geonsburgo / Nembrall 1973						
cc: cc:						
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GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111 DATE: 10-23-20 765-651-2419 **Grant County Health Department** 401 S. Adams St. Marion, IN. 46953 PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott kikendall from the Grant Co. Health Department on 20-21-20DAYS. Action Taken: Took all plates out of plate Stand washed Plates & Stand. Covered Stand with Tarp. (PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS) Name of Respondent: Mike Hutchison Title: Kitchen worker Establishment Name: American Legian Post # 10

Address: 1700 S. Pennsylvania Ave. Marion In.