



**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 <i>American Legion Post 368</i>	Telephone Number <i>765 Establishment (934) 2700</i>	Date of Inspection <i>(mm/dd/yr) 2-24-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>115 E Main St Van Buren</i>		Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Members</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 2 R</i>	
Owner's Address <i>Same</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Karen Kirkpatrick</i>			
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Karen Kirkpatrick Need to re-certify</i>			

- 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
<i>298</i>	<i>NC</i>		<i>2 microwaves soiled on inside</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>Following "Non food" contact items is soiled w/ dried food 1) Top of stove 2) Crack pots stored clean</i>	
<i>295</i>	<i>C</i>		<i>Following "Food Items" is soiled w/ dried food 1) Plastic bin holding clean bowls etc. 2) Inside trim of Black & Decker oven.</i>	

Received by (name and title printed): <i>Karen Kirkpatrick</i>	Inspected by (name and title printed): <i>Dean Small FST</i>
Received by (signature): <i>Karen Kirkpatrick</i>	Inspected by (signature): <i>Dean Small FST</i>
cc:	cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 2-25-20

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 2-24-20.

DATE:	Action Taken:
<u>2-24-20</u>	<u>Microwaves cleaned</u>
<u>2-24-20</u>	<u>Stove top cleaned</u>
<u>2-24-20</u>	<u>Crock pots cleaned</u>
<u>2-24-20</u>	<u>plastic bin - cleaned + lid put on</u>
<u>2-24-20</u>	<u>tray cleaned in toaster oven</u>

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Karen Kirkpatrick Title: club manager

Establishment Name: American Legion Post 348

Address: 115 E Main St Van Buren, IN 46991

o Attach additional sheets as needed.