



**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>70 Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>7-24-20</i>	ID # <i>27</i>
Establishment Address <i>(number and street, city, state, ZIP code)</i> <i>115 N Main St Var Boren</i>	Telephone Number <i>(934) owner 2700</i>		
Owner <i>Members</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up	Release Date <i>10 days</i>
Owner's Address <i>SIAMB</i>	Summary of Violations: <i>C 1 NC 3 R 1</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>
Person in Charge <i>Karen Kirkpatrick</i>			
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>Scheduled For 9-20</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
295	NC		The Following "Non Food" Contact Items are soiled with dried Food debris 1) The wall behind grill in kitchen X 2) The Top of Stove and oven in kitchen	Today
431	NC		The flooring in kitchen has dark residue through out	}
345	C		Hand Sink has Food debris in sink	
243	NC		Single SERU cups and lids sitting directly on floor - needs to be bin off floor	

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

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 7-28-20

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 DAYS.

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 7-24-20.

DATE:	Action Taken:
<u>7-24-20</u>	<u>Cups put on shelves</u>
<u>7-24-20</u>	<u>wall behind fryer cleaned</u>
	<u>Stove top cleaned</u>
<u>7-24-20</u>	<u>Hand sink cleaned</u>
	<u>This next week kitchen floor will be stripped + resealed</u>

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

Name of Respondent: Karen Richpatrick Title: manager

Establishment Name: American Legion Post #368

Address: 115 E Main St. Van Buren, IN 46991

Attach additional sheets as needed.