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: American Legion Post 10	**Telephone Number**: (Est) Establishment / (Owner) 1008	**Date of Inspection** (*mm/dd/yr*): 4-8-25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1700 Pennsylvania St			
Owner: Board Members	**Purpose**: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ____	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: SAME		**Summary of Violations**: C 1 NC — R —	
Person in Charge: LARRY			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Certified Food Handler: LARRY Holt exp 12-2025			

- 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	C		Fryer baskets & Pizza Pan Mat hmos Soiled Need cleaned end of day	Today

Received by (*name and title printed*): LARRY D. HOLT

Received by (*signature*): Larry D. Holt

Inspected by (*name and title printed*): Drew Hall PSS

Inspected by (*signature*): Drew Hall

cc: | cc: | cc: