RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date: 3 days
No. of Risk Factor/Intervention Violations:
No. of Repeat Risk Factor/Intervention Violations:
Date: 11/6/2025
Time In: 5:00pm
Time Out:

Establishment	Address	City/State	Zip Code	Telephone
Grant County Amvets Post 5	705 W 37th St	Marion IN	46953	(765)674-2400

License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
2025-018	Stacy Cannon	Routine	1	1

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

Compliance Status			cos	R
Supervision				
1	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A N/O	Certified Food Protection Manager		
Employee Health				
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT N/A N/O	Proper use of restriction and exclusion		
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices				
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
8	IN OUT N/A N/O	Hands clean & properly washed		
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		
Approved Source				
11	IN OUT N/A N/O	Food obtained from approved source		
12	IN OUT N/A N/O	Food received at proper temperature		
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination				
15	IN OUT N/A N/O	Food separated and protected		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		

Compliance Status			cos	R
17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety				
18	IN OUT N/A N/O	Proper cooking time & temperatures		
19	IN OUT N/A N/O	Proper reheating procedures for hot holding		
20	IN OUT N/A N/O	Proper cooling time and temperature		
21	IN OUT N/A N/O	Proper hot holding temperatures		
22	IN OUT N/A N/O	Proper cold holding temperatures		
23	IN OUT N/A N/O	Proper date marking and disposition		
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records		
Consumer Advisory				
25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations				
26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances				
27	IN OUT N/A N/O	Food additives: approved & properly used		
28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures				
29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection R=repeat violation

Compliance Status			cos	R
Safe Food and Water				
30		Pasteurized eggs used where required		
31		Water & ice from approved source		
32		Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34		Plant food properly cooked for hot holding		
35		Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37		Food properly labeled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food preparation, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

Compliance Status			cos	R
Proper Use of Utensils				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single-service articles: properly stored & used		
46		Gloves used properly		
Utensils, Equipment and Vending				
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & wastewater properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature): [signature] Date: 11/06/25

Inspector (Signature): [signature] Follow-up: YES (NO) (Circle one) Follow-up Date:

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit # 2025-018

Date 11/06/25

Establishment	Address	City/State	Zip Code	Telephone
Grant County Amvets Post 5	705 W 37th St	Marion IN	46953	(765)674-2400

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN=in compliance **OUT**=not in compliance **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection **R**=repeat violation

	Compliance Status	COS	R
57	IN OUT N/A (N/O) Outdoor Food Operation		
58	IN OUT N/A (N/O) Mobile Retail Food Establishment		

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.	Complete by Date:
181[A] C	Ice build up in freezer directly over RTE Foods	Today

Person In Charge (Signature) [signature] Date: 11/06/25

Inspector (Signature) [signature] Date: 11/06/25

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: 11/09/25

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 _____.

Date:	Action Taken:
11/09/25	Removed Ice Build up on walk-in Freezer Pipe. Moved Food out From under Freezer fan & pipe

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

Name of Respondent: Aaron Anderson **Title:** Kitchen Manager

Establishment Name: Grant County AmVets Post 5

Address: 705 W 37th St Marion, IN 46953

Attach additional sheets as needed.