



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

| | | |
|---|---------|---------------------|
| Release Date | 10 Days | Date 9/29/25 |
| No. of Risk Factor/Intervention Violations | 1 | |
| No. of Repeat Risk Factor/Intervention Violations | | Time In |
| | | Time Out |

| Establishment | Address | City/State | Zip Code | Telephone |
|---------------------------------|--|---|------------------|----------------|
| American Legion Sunset Post 402 | 10140 North Troyer Road | Laketon, Indiana | 46943 | (260) 571-4971 |
| License/Permit # 278 | Permit Holder American Legion Sunset Post 402 | Purpose of Inspection ROUTINE | Est. Type Bar | Risk Category |

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 | Compliance Status | COS | R |
|--|---|-----|---|---|--|---|
| Supervision | | | | | | |
| 1 IN OUT N/A N/O | Person in charge present, demonstrates knowledge, and performs duties | | | 17 IN OUT N/A N/O | Proper disposition of returned, previously served, reconditioned & unsafe food | |
| 2 IN OUT N/A N/O | Certified Food Protection Manager | | | 18 IN OUT N/A N/O | Proper cooking time & temperatures | |
| Employee Health | | | | | | |
| 3 IN OUT N/A N/O | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | 19 IN OUT N/A N/O | Proper reheating procedures for hot holding | |
| 4 IN OUT N/A N/O | Proper use of restriction and exclusion | | | 20 IN OUT N/A N/O | Proper cooling time and temperature | |
| 5 IN OUT N/A N/O | Procedures for responding to vomiting and diarrheal events | | | 21 IN OUT N/A N/O | Proper hot holding temperatures | |
| Good Hygienic Practices | | | | | | |
| 6 IN OUT N/A N/O | Proper eating, tasting, drinking, or tobacco products use | | | 22 IN OUT N/A N/O | Proper cold holding temperatures | |
| 7 IN OUT N/A N/O | No discharge from eyes, nose, and mouth | | | 23 IN OUT N/A N/O | Proper date marking and disposition | |
| Preventing Contamination by Hands | | | | | | |
| 8 IN OUT N/A N/O | Hands clean & properly washed | | | 24 IN OUT N/A N/O | Time as a Public Health Control; procedures & records | |
| 9 IN OUT N/A N/O | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | Consumer Advisory | | |
| 10 IN OUT N/A N/O | Adequate handwashing sinks properly supplied and accessible | | | 25 IN OUT N/A N/O | Consumer advisory provided for raw/undercooked food | |
| Approved Source | | | | | | |
| 11 IN OUT N/A N/O | Food obtained from approved source | | | Highly Susceptible Populations | | |
| 12 IN OUT N/A N/O | Food received at proper temperature | | | 26 IN OUT N/A N/O | Pasteurized foods used; prohibited foods not offered | |
| 13 IN OUT N/A N/O | Food in good condition, safe, & unadulterated | | | 27 IN OUT N/A N/O | Food additives: approved & properly used | |
| 14 IN OUT N/A N/O | Required records available: molluscan shellfish identification, parasite destruction | | | 28 IN OUT N/A N/O | Toxic substances properly identified, stored, & used | |
| Protection from Contamination | | | | | | |
| 15 IN OUT N/A N/O | Food separated and protected | | | Conformance with Approved Procedures | | |
| 16 IN OUT N/A N/O | Food-contact surfaces; cleaned & sanitized | | | 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 | | | | | | | | | | |
| Safe Food and Water | | | | | | | | | | |
| 30 | Pasteurized eggs used where required | | | Compliance Status | | | | | | |
| 31 | Water & ice from approved source | | | Proper Use of Utensils | | | | | | |
| 32 | Variance obtained for specialized processing methods | | | 43 | In-use utensils: properly stored | | | | | |
| Food Temperature Control | | | | 44 | Utensils, equipment & linens: properly stored, dried, & handled | | | | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | | 45 | Single-use/single-service articles: properly stored & used | | | | | |
| 34 | Plant food properly cooked for hot holding | | | 46 | Gloves used properly | | | | | |
| 35 | Approved thawing methods used | | | Utensils, Equipment and Vending | | | | | | |
| 36 | Thermometers provided & accurate | | | 47 | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | | | | |
| Food Identification | | | | 48 | Warewashing facilities: installed, maintained, & used; test strips | | | | | |
| 37 | Food properly labeled; original container | | | 49 | Non-food contact surfaces clean | | | | | |
| Prevention of Food Contamination | | | | Physical Facilities | | | | | | |
| 38 | Insects, rodents, & animals not present | | | 50 | Hot & cold water available; adequate pressure | | | | | |
| 39 | Contamination prevented during food preparation, storage & display | | | 51 | Plumbing installed; proper backflow devices | | | | | |
| 40 | Personal cleanliness | | | 52 | Sewage & wastewater properly disposed | | | | | |
| 41 | Wiping cloths: properly used & stored | | | 53 | Toilet facilities: properly constructed, supplied, & cleaned | | | | | |
| 42 | Washing fruits & vegetables | | | 54 | Garbage & refuse properly disposed; facilities maintained | | | | | |
| Person In Charge (Signature) | | | | 55 | Physical facilities installed, maintained, & clean | | | | | |
| Inspector (Signature) | | | | 56 | Adequate ventilation & lighting; designated areas used | | | | | |
| Follow-up: YES NO (Circle one) Follow-up Date: 9/29/25 | | | | | | | | | | |



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License/Permit #
278

Date

Establishment

Address

City/State

Zip Code

Telephone

American Legion Sunset Post 402

10140 North Troyer Road

Laketon, Indiana

46943

(260) 571-4971

OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: