



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.

Form with fields: Establishment Name (Amvets Post #5), Telephone Number (765) 674-2400, Date of Inspection (4/09/2024), ID # (27), Establishment Address (705 W 31st Marion, IN, 46953), Owner (Members), Purpose (Routine), Follow-up (YES), Release Date (4/09/24), Owner's Address (SAME), Person in Charge (Stacey), Responsible Person's E-mail (N/A), Certified Food Handler (Stacey Cannon). Summary of Violations: C | NC | R. Menu Type: 1 2 3X 4 5.

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 191, C, Salad Dressing cups not dated marked, Today. Row 2: 291, NC, No test strips available during inspection to test sanitizer water, Follow up on cooler racks.

Received by (name and title printed): STACEY CANNON. Inspected by (name and title printed): Kyle Kellogg / Food Inspector. Received by (signature): [Signature]. Inspected by (signature): [Signature]. cc: [Blank]