



**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 VFW Post # 7403		Telephone Number 765 648 7638	Date of Inspection (m/d/yr) 8/14/17	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 3120 S. Washington St. Marion		() Owner			
Owner MEMBERS		Purpose: 1. Routine	Follow-up NO	Release Date 8-21-17	
Owner's Address SAME		2. Follow-up	Summary of Violations: C ___ NC ___ R ___		
Person in Charge SUSAN BARR		3. Complaint			
Responsible Person's E-mail NA		4. Pre-Operational	Menu Type (See back of page)		
Certified Food Handler SUSAN BARR exp 12-11-17		5. Temporary	1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___		
		6. HACCP			
		7. Other (list)			
<ul style="list-style-type: none"> • 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
			No Violations at this inspection		
Received by (name and title printed): SUSAN BARR			Inspected by (name and title printed): R Dale Giv - FSD		
Received by (signature): Susan Barr			Inspected by (signature): R Dale Giv - FSD		
cc:		cc:		cc:	