



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

Cass County Health Dept (574) 753-7760

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 (American Legion Post 415), Telephone Number ((574) 699-6133), Date of Inspection (1-27-10), ID # (98157), Establishment Address (54 Rd 18 & Sycamore St, Galveston, IN 46932), Owner (As Above), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (P.O. Box 145, Galveston, IN, 46932), Person in Charge, Responsible Person's E-mail, Certified Food Handler, Summary of Violations (CO, NC, RD), Menu Type (1, 2, 3, 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No Violations Noted'.

Received by (name and title printed): EVERETT Liggett JR
Inspected by (name and title printed): Cory Wolford, BA, EHS
Received by (signature): [Signature]
Inspected by (signature): [Signature]
cc: [ ] cc: [ ] cc: [ ]