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: HIDDEN LAKE CAMPGROUND	**Telephone Number**: (765) 998-4862 (Establishment) ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 4/15/19	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 11460 S STRAWTOWN PIKE			
Owner: LARRY Nottingham	**Purpose:** 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) 4-2019	**Follow-up**: NO	**Release Date**: 4/25/19
Owner's Address: 2093 W 100 N GREENFIELD		**Summary of Violations:** C___ NC___ R___	
Person in Charge: HEATHER Nottingham			
Responsible Person's E-mail: N/A		**Menu Type** (*See back of page*): 1 Y 2 3 4 5	
Certified Food Handler: N/A			

- 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
			OK TO OPEN 4-20-19	

Received by (*name and title printed*): H Nottingham Manager

Received by (*signature*):

Inspected by (*name and title printed*): [illegible] - FSP

Inspected by (*signature*): [illegible] - FSP

cc: | cc: | cc: