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 MarBrook Campground	**Telephone Number** ( ) Establishment 765 ( ) Owner 674-4383	**Date of Inspection** (*mm/dd/yr*) 6-29-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 6690 E 600 S Gas City			
Owner Trent Conway	**Purpose:** 1. Routine BS	**Follow-up** No	**Release Date** 10 day
Owner's Address 19323 Morrison Way Noblesville	2. Follow-up	**Summary of Violations:**	
Person in Charge Trent Conway	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail —	4. Pre-Operational		
Certified Food Handler N/A Prepackage	5. Temporary	**Menu Type** (*See back of page*)	
	6. HACCP	1___ 2 X 3___ 4___ 5___	
	7. Other (*list*)		

• 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
—			Application to be filled out	
			and Mailed / emailed	
—			50.00 late fee = 125.00 total	
			then it will be OK to open	

Received by (*name and title printed*): Rhonda Cantu	Inspected by (*name and title printed*): Dean Sunell / Scott Kirendall
Received by (*signature*): Rhonda Cantu	Inspected by (*signature*): Nenhall / Scott Kirendall
cc:	cc:
	cc: