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 SPORTS LAKE Campground	**Telephone Number** (765) 998-2558 Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 4/9/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 7230 E 400 S MARION			
Owner RYAN & DANIELL RICHARDS	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) OK to open 5-1-19	**Follow-up** NO	**Release Date** 4-19-19
Owner's Address 42095 700 E MARION		**Summary of Violations:** C____ NC____ R____	
Person in Charge RICHARDS		**Menu Type** *(See back of page)* 1 2 3 4 5	
Responsible Person's E-mail N/A			
Certified Food Handler N/A PER CURRENT MENU			

- **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
				BEFORE
		-	NEED CURRENT WATER SAMPLE	OPENING
		-	NEED " POOL SAMPLE	
				MAY 1 2019

Received by (*name and title printed*): Ryan Richards OWNER

Received by (*signature*):

Inspected by (*name and title printed*): - FSD

Inspected by (*signature*): FSD

cc: | cc: | cc: