



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

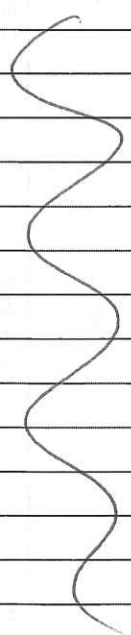
State Form 48669 (R2/2-05)
SDH Form 51-0001

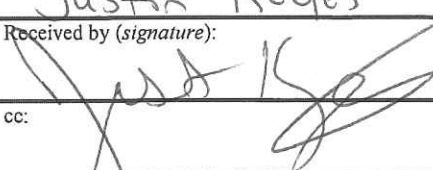
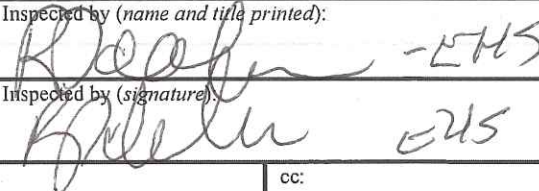
BLACKFORD CO HEALTH DEPT
506 E. VAN CLEVE
HARTFORD CITY, IN 47348
(765) 348-4317

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 LAKE PLACID CHRISTIAN CONFERENCE		Telephone Number (765) 812-2416769	Date of Inspection (mm/dd/yr) 4/18/23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 03975 200 E HARTFORD CITY				
Owner IND DISTRICT AOG	Purpose: 1. Routine	Follow-up	Release Date 4/28/23	
Owner's Address 8750 PURDUE RD INDP	2. Follow-up	Summary of Violations: C ___ NC ___ R ___		
Person in Charge JUSTIN KEYES	3. Complaint	Menu Type (See back of page) 1 ___ 2 ___ 3 X 4 ___ 5 ___		
Responsible Person's E-mail N/A	4. Pre-Operational			
Certified Food Handler CARLA FERGUSON exp 10/20/26	5. Temporary			
	6. HACCP			
	7. Other (list) 2-SITES			

- 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/N/C	R	Narrative	To Be Corrected By
298	NC		SOILED MICROWAVE (INTERIOR)	BEFORE
138	C		PERSONAL DRINKS / FOOD IN SERVICE LINE COOLERS	OPENING
291	NC		NEED TEST STRIPS FOR SANITIZER	
295	C		DISHES & UTENSILS STORED AS CLEAN IN SOILED CONTAINERS	
295 297	NC		BUNN COFFEE DISPENSERS ARE SOILED WITH A DARK RESIDUE	
			BARN	
413	C		HAS RODENT DROPPINGS EVERYWHERE IN PREP AREA. CALL COMPANY TO TAKE CARE OF THIS ISSUE.	

Received by (name and title printed): Justin Keyes	Inspected by (name and title printed): Reagan - EHS
Received by (signature): 	Inspected by (signature): 
cc:	cc:



Blackford County Health Department

506 E Van Cleve St

Hartford City IN 47348

Phone (765) 348-4317

Fax (765) 348-3041

dcarr@blackfordcounty.in.gov

<https://www.in.gov/localhealth/blackfordcounty>

Operator Inspection Response

State Form 80047 (2-01)

Date: 5/7/23

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford County Health Department on 4/18/23.

Date: 5/7/23 Action Taken by Establishment:

298 - Cleaned interior of Microwave

138 - made a spot in walk in cooler for personal drinks

291 - Installed Test strips for sanitizer

295 -

297 - Cleaned Burn Coffee makers out removed residue.

Barn - Called out pest control company and cleaned all droppings and sanitized the entire kitchen.

(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: Justin Keyes Title: ¶ Campground Director

Establishment Name: LAKE placid

Address: 397 S. 200 E Hartford City, IN 47348

Date Received: 5/8/23