RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Brown County Health Department
P.O. Box 281, Nashville, IN 47448
812-988-2255

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 BROWN COUNTY KOA	**Telephone Number** (812) 988-4675	**Date of Inspection** (*mm/dd/yr*) 6-13-25	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 2248 St Rd 46 East	( )		
Owner Bruce Carpenter	**Purpose:** 1. Routine	**Follow-up** no	**Release Date** 6-23-25
Owner's Address 2248 St Rd 46 E	2. Follow-up	**Summary of Violations:**	
Person in Charge Tawnya Bastion	3. Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail brawncounty@KOA.com	4. Pre-Operational		
	5. Temporary		
Certified Food Handler N/A by menu	6. HACCP	**Menu Type** (*See back of page*)	
	7. Other (*list*)	1 X 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			NO VIOLATIONS OBSERVED AT TIME OF INSPECTIONS	

Received by (*name and title printed*): Tawnya Bastion	Inspected by (*name and title printed*): Jennifer Heller EHS
Received by (*signature*): Tawnya Bastion	Inspected by (*signature*): J Heller
cc:	cc:
cc:	