



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

7-26 (AM)

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 <i>Fairmount Camp</i>	Telephone Number (      ) Establishment <i>765 948-4836</i>	Date of Inspection (mm/dd/yr) <i>5/19/25</i>	ID # <i>21</i>
Establishment Address (number and street, city, state, ZIP code) <i>711 E. 900 So., Fairmount</i>	Owner <i>Fairmount Camp</i>		
Owner <i>Sam</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i></i>	Follow-up <i>NC</i>	Release Date <i>10 Days</i>
Owner's Address <i></i>	Summary of Violations: <i>P - R - B -</i>		
Person in Charge <i>Krista</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>		
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Krista Brown</i>	Certified Date <i>11/27/22</i>		

• 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
<i>No Violations</i>				
<i>Clean To Operate</i>				

Received by (name and title printed):

*Krista Brown Ex. Director*

Received by (signature):

*Krista Brown*

cc:

cc:

Inspected by (name and title printed):

*Angela B. McCallum*

Inspected by (signature):

*Angela B. McCallum*

cc: