
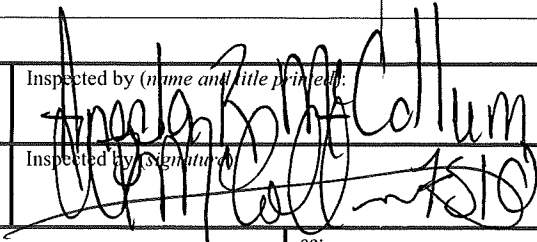


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.4, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Fairmount Camp</b>		Telephone Number ( ) Establishment <b>948-4836</b>		Date of Inspection (mm/dd/yr) <b>5/19/25</b>		ID # <b>27</b>	
Establishment Address (number and street, city, state, ZIP code) <b>711 E. 900 So., Fairmount</b>		Owner <b>Fairmount Camp</b>		Follow-up <b>NO</b>		Release Date <b>10/20/25</b>	
Owner's Address <b>Same</b>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Summary of Violations: <b>P - PE - E -</b>			
Person in Charge <b>Krista</b>		Responsible Person's E-mail		Menu Type (See back of page) <b>1 2 3 X 4 5</b>			
Certified Food Handler <b>Krista Brown</b>							
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>							
Section#	C/N/C	R	Narrative			To Be Corrected By	
			<p><b>No violations</b></p> <p><b>Clean to open</b></p>				
Received by (name and title printed):			Inspected by (name and title printed):				
<b>Krista Brown</b> Exec. Director			<b>Angela Brown</b> Callum				
Received by (signature):			Inspected by (signature):				
							
cc:			cc:			cc:	