



**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 <i>Fairmount Campgrounds</i>	Telephone Number <i>765</i> Establishment	Date of Inspection <i>8-18-20</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>711 E 900 S Fairmount</i>	Owner <i>948-4836</i>	Follow-up <i>NO</i>	
Owner <i>CROSSROADS Dist of the Wesleyan Church</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>ok to open</i>	Release Date <i>10 days</i>	Summary of Violations: <i>C - NC - R -</i>
Owner's Address <i>1500 S Western Ave STE A</i>	Person in Charge <i>ANNA Kellogg</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail	Certified Food Handler <i>ANNA Kellogg</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/NC	R	Narrative	To Be Corrected By
			<i>OK to open 9-1-20</i>	

Received by (name and title printed): <i>Anna Kellogg</i>	Inspected by (name and title printed): <i>Scott Kendall / Dawn Small</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: