



**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 <b>Hidden Lake Resort</b>	Telephone Number ( ) Establishment	Date of Inspection (mm/dd/yr) <b>4/3/24</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>11460 S Strawtown PK Fairmount</b>	( ) Owner <b>948-4862</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Larry Nottingham</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C _ NC _ R _	
Owner's Address <b>Greenfield In</b>		Menu Type (See back of page) 1 _ 2 <b>X</b> 3 _ 4 _ 5 _	
Person in Charge <b>Heather</b>			
Responsible Person's E-mail			
Certified Food Handler			

- 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
			<b>OK TO open 4-15-24</b>	

Received by (name and title printed): <b>Heather Nottingham / Manager</b>	Inspected by (name and title printed): <b>April Legare PS/D</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: