



**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 (smi)

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC ~~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>Maybrosch Campground</b>	Telephone Number (   ) <b>765</b> (   ) <b>674-4383</b>	Date of Inspection (mm/dd/yr) <b>5/28/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>6590 E. 600 So., Bos City</b>			
Owner <b>Trent Conaway</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>Somley</b>	Summary of Violations: <b>P E R E C</b>		
Person in Charge <b>Kachol</b>	Menu Type (See back of page) <b>1 X 2 3 4 5</b>		
Responsible Person's E-mail <b>_____</b>			
Certified Food Handler <b>NIA</b>			

- 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
			<p><i>No Violations</i></p> <p><i>Client to open</i></p>	

Received by (name and title printed):

Received by (name and title printed).  
**Rachel Thompson**

Inspected by (name and title printed)

Inspected by (signature)

Received by (signature):

Received by (signature):

Inspected by (name and title printed)	<i>Angela McCallum</i>
Inspected by (signature)	<i>AMC</i>
cc:	<i>330</i>

cc:

CC

cc: