



**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>SPORTS LAKE CAMPGROUND</b>	Telephone Number <b>765 998-2558</b>	Date of Inspection (mm/dd/yy) <b>4-13-17</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>7230 E 400 S MARION</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>4-23-17</b>
Owner <b>RYAN &amp; DANIELLE RICHARDS</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C ___ NC ___ R ___</b>	
Owner's Address <b>4209 S. 700E MARION</b>	<b>2. Follow-up</b>	Menu Type (See back of page) <b>1 ___ 2 ___ 3 ___ 4 ___ 5 ___</b>	
Person in Charge <b>RYAN RICHARDS</b>	<b>3. Complaint</b>		
Responsible Person's E-mail <b>N/A</b>	<b>4. Pre-Operational</b>		
Certified Food Handler <b>NOT REQUIRED PER CURRENT MENU</b>	<b>5. Temporary</b>		
	<b>6. HACCP</b>		
	<b>7. Other (list)</b> <b>OK TO OPEN 5-1-17</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/NC	R	Narrative	To Be Corrected By
			NEED TO FIX HAND DRYER IN MENS RESTROOM	BEFORE OPENING
			NEED TO MOVE SINGLE SERVICE / SINGLE USE ARTICLES FROM UNDER CHEMICALS ON ISLAND STORAGE SHELF.	MAY 1 2017
			RECEIVED CK # 2496	
			FOR LICENSE 2017-371	

Received by (name and title printed): <b>Ryan Richards</b>	Inspected by (name and title printed): <b>Dale Carr - FSD</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc: