



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

BLACKFORD CO HEALTH DEPT
506 E. VAN CLEVE
HARTFORD CITY, IN 47348
(765) 348-4317

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: LAKE PLACID CHRISTIAN CONF (BARN)
Telephone Number: 812 241 6769
Date of Inspection: 5/28/24
ID #: 5
Owner: IND. DISTRICT AOG
Owner's Address: 8750 PURELVE RD INDIANAPOLIS
Person in Charge: Justin Keys
Responsible Person's E-mail: N/A
Certified Food Handler: Justin Keys
Purpose: 4. Pre-Operational
7. Other (list): OK to open

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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains: OK to open JUNE 3RD 2024

Received by (name and title printed): Justin Keys
Received by (signature): [Signature]
Inspected by (name and title printed): [Name]
Inspected by (signature): [Signature]

cc: [Blank]