RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass County Health Dept.
(574) 753-7760

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: Tall Sycamore Campground	**Telephone Number**: (574) 753-4898 Establishment ( ) Owner	**Date of Inspection** (mm/dd/yr): 9/1/11	**ID #**: 06014
Establishment Address (number and street, city, state, ZIP code): 355 South Co. Rd 600 E. Logansport, IN 46947			
Owner: Jayland Park, LLC	**Purpose**: 1. Routine (circled)	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: 4406 Stonewood Ct Rochester MI, 48306	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	**Summary of Violations**: C 0 NC 0 R 0	
Person in Charge: Monica Maggard		**Menu Type** (See back of page): 1 ✓ 2 3 4 5	
Responsible Person's E-mail:			
Certified Food Handler: Monica Maggard			

- 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
			No violations	

Received by (name and title printed): MONICA MAGGARD	Inspected by (name and title printed): McCall Kitchel
Received by (signature): Monica Maggard	Inspected by (signature): McCall Kitchel
cc:	cc:
cc:	cc: