RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

FCHD
125 E 9th St Rochester IN
574-223-7466

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: Caston School	Telephone Number: 574 Establishment 598-8000 ( ) Owner	Date of Inspection (mm/dd/yr): 2-23-22	ID #: 74
Establishment Address (number and street, city, state, ZIP code): 9815 IN-25 Rochester IN. 46975			
Owner: Caston School Corporation	Purpose: (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up:	Release Date:
Owner's Address:		Summary of Violations: C 0 NC 0 R 0	
Person in Charge: Alysha Marks			
Responsible Person's E-mail:		Menu Type (See back of page): 1 2 X 3 4 5	
Certified Food Handler: Alysha Marks			

- 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): Alysha Marks, FSD

Received by (signature): Alysha Marks

Inspected by (name and title printed): FCHD Dawn Risten Food Inspector

Inspected by (signature): Dawn Risten

cc: | cc: | cc: