RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

FCHD
125 E 9th St. Rochester
574-223-7166

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: 574 857-3025 (Establishment) ( ) Owner	Date of Inspection (*mm/dd/yr*): 3-14-23	ID #: 74
Establishment Address (*number and street, city, state, ZIP code*): 9815 S. SR 25 Rochester IN 46975			
Owner: Caston School Corporation	Purpose: 1. Routine (circled) 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 Mays			
Responsible Person's E-mail		Menu Type (*See back of page*): 1 2 3 X 4 5	
Certified Food Handler: Alysha Mays			

• 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
			Observed No Violations at time of Inspection	
			Unit thermometers on order	
			Chemical test kits on order	

Received by (*name and title printed*): Alysha Mays	Inspected by (*name and title printed*): FCHD Dawn Kisten Food Inspector
Received by (*signature*): Alysha Mays	Inspected by (*signature*): Dawn Kisten
cc:	cc: / cc: