# 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: ( ) Establishment ( ) Owner | Date of Inspection (*mm/dd/yr*): 11-21-22 | ID #: 74 |
| Establishment Address (*number and street, city, state, ZIP code*): 9815 S. SR25 Rochester IN. 46975 | | | |
| Owner: Caston School Corporation | Purpose: 1. Routine | Follow-up | Release Date |
| Owner's Address | 2. Follow-up | Summary of Violations: | |
| Person in Charge: Alysha Morris | 3. Complaint 4. Pre-Operational | C___ NC___ R___ | |
| Responsible Person's E-mail | 5. Temporary 6. HACCP | Menu Type (*See back of page*) | |
| Certified Food Handler: Alysha Morris | 7. Other (*list*) | 1___ 2___ 3___ 4 X 5___ | |

- 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 | |

| | |
|---|---|
| Received by (*name and title printed*): Alysha Morris | Inspected by (*name and title printed*): Dawn Kisten FCHD Food Inspector |
| Received by (*signature*): Alysha Morris | Inspected by (*signature*): Dawn Kisten |

| | | |
|---|---|---|
| cc: | cc: | cc: |