RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Fulton Co. Health Dept
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*): 12-13-19	**ID #**: 74
Establishment Address (*number and street, city, state, ZIP code*): 9815 IN-25 Rochester IN 46975	357-3025		
Owner: Caston School Corp.	**Purpose**: 1. Routine	**Follow-up**	**Release Date**
Owner's Address: P.O. Box 128 Fulton IN 46931	2. Follow-up	**Summary of Violations**:	
Person in Charge: Alysha Morris	3. Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Alysha Morris	5. Temporary	1 2 X 3 4 5	
	6. HACCP		
	7. Other (*list*)		

- 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
			All temps were good	
			Very Clean.	
			No violations	

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