Fulton County Health Dept.
125 E 9th St. Rochester IN
574-223-7466

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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 Corp	**Telephone Number**: (574) Establishment 857-3025 ( ) Owner X 327	**Date of Inspection** (*mm/dd/yr*): 5/3/18	**ID #**: 74
Establishment Address (*number and street, city, state, ZIP code*): Hwy 25 S Fulton, IN 46931	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up**	**Release Date**
Owner: Caston School Corp		**Summary of Violations:** C 0 NC 0 R 0	
Owner's Address: P.O. Box 128 Fulton IN 46931			
Person in Charge: Alysha		**Menu Type** (*See back of page*): 1 2 X 3 4 5	
Responsible Person's E-mail			
Certified Food Handler: Alysha Morrel			

- 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*): X Lorie R Gilbert	Inspected by (*name and title printed*): Debra K Gardner Dropt IFS
Received by (*signature*): Alysha Morrel	Inspected by (*signature*): Debra K Gardner
cc:	cc: / cc: