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

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	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection (*mm/dd/yr*): 11-13-23	ID #: 721
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 3. Complaint	Summary of Violations: C 0 NC 0 R 0	
Person in Charge: Alysha	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	Menu Type (*See back of page*)	
Certified Food Handler: Alysha Mars	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.	
			Keeping an eye on Ice Machine	

Received by (*name and title printed*): Alysha Mars FSD	Inspected by (*name and title printed*): Daun Kisten FCHD Food Inspector
Received by (*signature*): Alysha Mars	Inspected by (*signature*): Daun Kisten

cc:	cc:	cc: