RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Fulton Co. Health Dept
125 E 9th St. Rochester IN
SM - 221-7446

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 Custom School	**Telephone Number** ( ) Establishment 857-3025 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 5/20/19	**ID #** 74
Establishment Address (*number and street, city, state, ZIP code*) St. Henry 25 South Fulton IN			
Owner Custom School Corp	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up**	**Release Date**
Owner's Address PO Box 123 Fulton IN		**Summary of Violations:** C____ NC____ R____	
Person in Charge Lori			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1___ 2 X 3___ 4___ 5___	
Certified Food Handler Alysha Mauro			

- 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
415a	C		evidence of mice in dry storage room	1 wk
			having pest control on [illegible]	
430	NC		Dee build up around walk-in freezer door	1 wk

Received by (*name and title printed*): Lorie Offutt Rev Alysha Mauro	Inspected by (*name and title printed*): Debra K Gardner Dep. C/FS
Received by (*signature*):	Inspected by (*signature*): Debra K. Gardner

cc:	cc:	cc:

Dan Hazelwood Kristen