RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass County Health Dept.
(574) 753-7760

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: All Saints Catholic School	Telephone Number: 753-3140	Date of Inspection (mm/dd/yr): ~~12/19/08~~ KL 1-27-09	ID #: 06019
Establishment Address (number and street, city, state, ZIP code): 121 Eel River Ave.			
Owner: All Saints Parish	Purpose: 1. Routine	Follow-up: NO	Release Date: 12-6-09 ~~12-29-08~~ KL
Owner's Address: as above	2. Follow-up	Summary of Violations:	
Person in Charge: Patty Raderstorf	3. Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail:	4. Pre-Operational		
	5. Temporary	Menu Type (See back of page)	
Certified Food Handler:	6. HACCP		
	7. Other (list)	1 2 X 3 4 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
			No Violations	

Received by (name and title printed): X Patricia K. RaderStorf	Inspected by (name and title printed): Karen LaTourrette Chief Food Specialist
Received by (signature): X Patricia K. Raderstorf	Inspected by (signature): Karen LaTourrette EHS, CFSM
cc:	cc:
cc:	