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** ( ) Establishment (753-3140 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 5-18-09	**ID #** D6019
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** 5-28-09
Owner's Address as above	2. Follow-up 3. Complaint	**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge Patty Rederstorf	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler	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 Radestorf	Inspected by *(name and title printed)*: Karen LaTourrette Chief Food Specialist
Received by *(signature)*: x Patricia Radestorf	Inspected by *(signature)*: Karen LaTourrette EHS, CFSM

cc:	cc:	cc: