Retail Food Establishment Inspection Report

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

Hendricks County Health Department
Telephone (317) 745-9217
Fax (317) 745-9218

Based on the 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 Cascade High School	**Telephone Number** Est 317-539-9206	**Date of Inspection** 04/08/2025 10:36 am	**ID#** 41
Establishment Address 6565 S CR 200 W, Clayton IN 46118			
Owner Mill Creek School Corporation	**Purpose** _X_ **Routine**	**Follow Up** NO	**Released** 04/18/2025
Owner's Address	___ **Follow-up** ____ **Complaint**		
Person in Charge Brittany Ridenour	____ **Pre-Operational** ____ **Temporary**	**Menu Type** **1**__ **2**_X_ **3**__ **4**__ **5**__	
Responsible Person's Email	____ **HACCP** ___ **Other (list)**		
Certified Food Handler **Exp.** Exempt by menu			

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 NARRAIVE COLUMN MARKED AS "R"

Section #	C/NC	R	Narrative	To Be Corrected By
			No violations noted at time of inspection.	
		0		

Summary of Violations **C** _____ **NC** ____ **R** _0_

Received by (name and title printed): Person in charge	Inspected by (name and title printed): YOCELI PALAFOX
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: