# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

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**<br>CVS #2484 | **Telephone Number**<br>(765) Establishment<br>(574) Owner 5085 | **Date of Inspection** (mm/dd/yr)<br>12-12-18 | **ID #**<br>27 |
| **Establishment Address** (number and street, city, state, ZIP code)<br>4630 S. Western Ave | | | |
| **Owner**<br>Hook Super RX LLC | **Purpose:**<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (*list*) | **Follow-up**<br>— | **Release Date**<br>10 days |
| **Owner's Address**<br>One CVS Drive RI | | **Summary of Violations:**<br>C— NC— R— | |
| **Person in Charge**<br>Shawn Nash | | **Menu Type** (*See back of page*)<br>1 2 3 4 5 | |
| **Responsible Person's E-mail**<br>— | | | |
| **Certified Food Handler**<br>N/A | | | |

- 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 at this inspection — | |

| | |
|---|---|
| Received by (*name and title printed*): Shawn Nash Store MGR | Inspected by (*name and title printed*): Debra Snyder FSS |
| Received by (*signature*): Shawn Nash | Inspected by (*signature*): Debra Snyder FSS |

cc: cc: cc: