



**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 CVS # 2484	Telephone Number No Establishment	Date of Inspection (mm/dd/yr) 8-14-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 41630 S. Western Ave Marion		Owner 624 5085	
Owner Hook Super RX LLC	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 10 days
Owner's Address One CVS DR. RI		Summary of Violations: C ___ NC ___ R ___	
Person in Charge Marla Browning		Menu Type (See back of page) 1 X 2 3 4 5	
Responsible Person's E-mail _____			
Certified Food Handler 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): Marla Browning, shift manager	Inspected by (name and title printed): Dawn Sumal PSto
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: