



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: (765) Establishment, Date of Inspection: 6-8-2022, ID #: 27, Establishment Address: 4630 S Western Ave Marion, Owner: Hook Super Rx LLC, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Owner's Address: One CVS Dr. RI, Person in Charge: Shawn Nash, Responsible Person's E-mail: [blank], 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains: No violations at this inspection

Received by (name and title printed): Shawn Nash Store MGR, Inspected by (name and title printed): Scott Kendall / Dawn Smith BSA, Received by (signature): Shawn Nash, Inspected by (signature): Scott Kendall / Dawn Smith BSA, cc: [blank]