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 6621	**Telephone Number**: 765 Establishment 762 Owner 1316	**Date of Inspection** (*mm/dd/yr*): 4-9-19	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 415 W 3rd St Marion			
Owner: Hook Super RX	**Purpose:** 1. Routine (circled)	**Follow-up**	**Release Date**: 10 days
Owner's Address: One CVS DR RI	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge: Larry Brown	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail: —	6. HACCP 7. Other (*list*) ___	**Menu Type** (*See back of page*): 1 X 2 3 4 5	
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*): Larry Brown	Inspected by (*name and title printed*): Dawn Small FSS
Received by (*signature*): Larry Brown	Inspected by (*signature*): Dawn Small FSS
cc:	cc:
cc:	