



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.

Form with fields: Establishment Name (CVS 6621), Telephone Number (768 Establishment, 762 Owner), Date of Inspection (12-3-19), ID # (27), Establishment Address (415 W 3rd St Marion), Owner (Hook Super RX), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (One CVS Dr RT), Person in Charge (N/A than), Responsible Person's E-mail, Certified Food Handler (N/A), Summary of Violations (C, NC, R), Menu Type (1, 2, 3, 4, 5).

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations at this inspection'.

Form with fields: Received by (name and title printed): Nathan Smith Store Manager; Inspected by (name and title printed): Dawn Small PSD; Received by (signature); Inspected by (signature); cc: fields.