



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 <i>CUS Pharmacy #2484</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>6-14-21</i>	ID # <i>27</i>
Establishment Address <i>4630 S. Washington St. Marion</i>	Owner <i>(674) 5085</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Hicks Super RX</i>	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: <i>C - NC - R -</i>	
Owner's Address <i>World Socket Rd</i>	<input type="checkbox"/> Follow-up	Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
Person in Charge <i>Coty Jankoski</i>	<input type="checkbox"/> Complaint		
Responsible Person's E-mail <i>N/A</i>	<input type="checkbox"/> Pre-Operational		
Certified Food Handler	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

- 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
			<i>No Violations on this inspection</i>	

Received by (name and title printed): <i>Coty Jankoski</i>	Inspected by (name and title printed): <i>Scott K Kendall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: