



**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 Pharmacy # 6626	Telephone Number 765-674-6613	Date of Inspection (mm/dd/yr) 3-11-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 301 E MAIN ST. Gas City	() Owner	Follow-up No	Release Date 3-21-19
Owner HOOK-SUPERY LLC	Purpose: 1. Routine (circled)	Summary of Violations: C - NC 1 R -	
Owner's Address ONE CVS DR MC 1160 WOODSCKET AL	2. Follow-up	Menu Type (See back of page) 1 x 2 3 4 5	
Person in Charge Cheryl Ring	3. Complaint		
Responsible Person's E-mail NIA	4. Pre-Operational		
Certified Food Handler NIA	5. Temporary		
	6. HACCP		
	7. 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
295	NC		THE DAIRY SELF SERVICE COOLER, WITH MILK LITER ETC THE BOTTOM AND ALL RACKS HAS A DARK RESIDUE ON THEM	TODAY

3/13/19
WSK

Received by (name and title printed): Cheryl Ring	Inspected by (name and title printed): R Daleman - FSD
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>

cc:	cc:	cc:
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