



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 Establishment 674-6413	Date of Inspection (mm/dd/yr) 8-26-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 301 E. Main St. Grs City		Follow-up NU	
Owner Hook-Super RX LLC			
Owner's Address ONE CVS DR RT		Summary of Violations: C ___ NC ___ R ___	
Person in Charge DIANE			
Responsible Person's E-mail _____			
Certified Food Handler _____		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			✓ NO violations at this time	

Received by (name and title printed): Diane Lewis	Inspected by (name and title printed): Dean Hall FSTU
Received by (signature): 	Inspected by (signature):
cc:	cc: