



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: CUS Pharmacy 6626, Telephone Number: 765 Establishment, Date of Inspection: 7-9-21, ID #: 27, Establishment Address: 301 E main st Gas City, Owner: Hook-SuperX INC, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Owner's Address: One CUS Drive RI, Person in Charge: Vicki, Responsible Person's E-mail: [blank], 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'No Violations' in the Narrative column.

Received by (name and title printed): Vicki Kagan, Inspected by (name and title printed): Scott Lilendall, Received by (signature): Vicki Kagan, Inspected by (signature): Scott Lilendall FSC, cc: [blank]