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 # 2484	**Telephone Number** (765) Establishment (674) 5085 Owner	**Date of Inspection** *(mm/dd/yr)* 4-1-209	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 4630 S Western Ave			
Owner Hook Super RX LLC	**Purpose:** 1. Routine	**Follow-up** —	**Release Date** 10 days
Owner's Address One CVS Dr RI	2. Follow-up 3. Complaint	**Summary of Violations:** C— NC— R—	
Person in Charge Shawn Nash	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail —	6. HACCP 7. Other (*list*)	**Menu Type** *(See back of page)* 1 2 3 4 5	
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"

Section#	C/NC	R	Narrative	To Be Corrected By
			- NO Violations At this time -	

Received by (*name and title printed*): Shawn Nash Store MGR	Inspected by (*name and title printed*): Drew Smith - FSTO
Received by (*signature*): Shawn Nash	Inspected by (*signature*): Drew Smith FSTO
cc:	cc:
cc:	