



**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.

<b>Establishment Name</b> Walgreens 05663	<b>Telephone Number</b> (765) Establishment	<b>Date of Inspection</b> (mm/dd/yr)	<b>ID #</b>
<b>Establishment Address</b> (number and street, city, state, ZIP code) 1373 N Baldwin Ave Marion	( ) Owner 664-2434	6/16-20	27
<b>Owner</b> Walgreen Co	<b>Purpose:</b> <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	<b>Follow-up</b> NO	<b>Release Date</b> 10 days
<b>Owner's Address</b> P.O. Box 901 IL		<b>Summary of Violations:</b>  C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
<b>Person in Charge</b> Julie Singrey		<b>Menu Type (See back of page)</b>  H <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>Responsible Person's E-mail</b>			
<b>Certified Food Handler</b> 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 on this inspection	

<b>Received by (name and title printed):</b> Julie Singrey	<b>Inspected by (name and title printed):</b> Scott Kendall FS10
<b>Received by (signature):</b> 	<b>Inspected by (signature):</b> 
<b>cc:</b>	<b>cc:</b>