



**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 <u>Walgreens 05663</u>		Telephone Number ( <u>769</u> ) Establishment	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <u>1323 N Baldwin Ave Marion</u>		( <u>669</u> ) Owner <u>2434</u>	<u>10/5/21</u>	<u>27</u>
Owner <u>Walgreen Co</u>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>P.O. Box 901 Deerfield IL</u>	Summary of Violations:  <u>C ___ NC ___ R ___</u>			
Person in Charge	Menu Type (See back of page) <u>1</u> <u>X</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>			
Responsible Person's E-mail <u>_____</u>	C ___ NC ___ R ___			
Certified Food Handler <u>NIA</u>	Menu Type (See back of page) <u>1</u> <u>X</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>			

- 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
			<u>No violations</u>	

Received by (name and title printed): <u>Allison Cleverger</u>	Inspected by (name and title printed): <u>Dean Smith</u>
Received by (signature): <u>Allison Cleverger</u>	Inspected by (signature): <u>Dean Smith PSD</u>
cc:	cc: