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 Walgreens 09279	**Telephone Number** 765 Establishment 668 Owner	**Date of Inspection** *(mm/dd/yr)* 10-8-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2620 S. Western Ave Marion			
Owner Walgreen Co	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address P.O. Box 901	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Robert Bevans	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 inspection —	

Received by (*name and title printed*): Robert Allen Bevans

Received by (*signature*): Robert Allen Bevans

Inspected by (*name and title printed*): Dean Snell FSIO

Inspected by (*signature*): Dean Snell FSIO

cc: | cc: | cc: