



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, Date of Inspection: 5-20-21, ID #: 27, Establishment Address: 2620 S Western Ave Marion, IN 46808, Owner: Walgreen Co, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Summary of Violations: C NC R, Menu Type: 1 X 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten entry: No Violations.

Received by (name and title printed): Carolyn Caudill, Inspected by (name and title printed): Scott Likenda, Received by (signature): Carolyn Caudill, Inspected by (signature): Scott Likenda FS10, cc: