



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.

Form with fields: Establishment Name (Walgreens 05663), Telephone Number (764 Establishment), Date of Inspection (10/5/21), ID # (27), Establishment Address (1323 N Baldwin Ave Marion), Owner (Walgreen Co), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (P.O. Box 901 Deerfield IL), Person in Charge, Responsible Person's E-mail, Certified Food Handler (N/A), Summary of Violations (C NC R), Menu Type (1 X 2 3 4 5)

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'No violations'.

Received by (name and title printed): Allison Cleveland; Inspected by (name and title printed): Dean Smith; Received by (signature): Allison Cleveland; Inspected by (signature): Dean Smith P.S.T.