



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 # 9279), Telephone Number (765 Establishment), Date of Inspection (8-24-20), ID # (27), Establishment Address (2620 S Western Ave Marion), Owner (Walgreens Corp), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (PO BOX 901), Person in Charge (Kristen), Responsible Person's E-mail, Certified Food Handler.

- 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 handwritten text: 'No violations on this inspection'.

Received by (name and title printed): Kristen LeFavour
Inspected by (name and title printed): Scott Kikendall FS10
Received by (signature): Kristen LeFavour
Inspected by (signature): Scott Kikendall
cc: (blank)