



**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 <i>Walgreens #9279</i>	Telephone Number <i>765</i> Establishment <i>668-0208</i> Owner	Date of Inspection <i>9-8-21</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2620 S Western Ave Marion IN</i>	Owner <i>Walgreen Co.</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>PO BOX 901 IL</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C</i> <u> </u> <i>NC</i> <u> </u> <i>R</i> <u> </u>	
Person in Charge <i>TAN</i>		Menu Type (See back of page) <i>1</i> <u>X</u> <i>2</i> <u> </u> <i>3</i> <u> </u> <i>4</i> <u> </u> <i>5</i> <u> </u>	
Responsible Person's E-mail <u> </u>		Certified Food Handler <i>N/A</i>	

- 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	N	R	Narrative	To Be Corrected By
				<i>NO VIOLATIONS</i>	

Received by (name and title printed): <i>VANCEL SMITH SMC</i>	Inspected by (name and title printed): <i>Scott Kironidall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Scott Kironidall FSD</i>
cc:	cc: