



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 (CVS Pharmacy # 2484), Telephone Number (765 Establishment), Date of Inspection (2-14-23), ID # (27), Establishment Address (4630 S Washington St Marion), Owner (Hook-Super X INC), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (One CVS PR RI), Person in Charge (Lana), 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1 contains handwritten text: 'No Violations'.

Form with fields: Received by (name and title printed): Lana Naylor, Inspected by (name and title printed): Scott Kirkendall, Received by (signature): Lana Naylor, Inspected by (signature): Scott Kirkendall FSI, cc: (empty).