



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: CVS Pharmacy 6626; Telephone Number: 765 Establishment; Date of Inspection: 1-30-23; ID #: 27; Establishment Address: 301 E Main St Gas City; Owner: Hooks Super RX LLC; Purpose: 1. Routine; Follow-up: No; Release Date: 10 days; Owner's Address: One CVS Dr; Person in Charge: Diane; Responsible Person's E-mail: ; Certified Food Handler: ; Summary of Violations: C - NC - R - ; Menu Type: 1 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. Narrative contains handwritten text: 'No violations on inspection'

Received by (name and title printed): Diane Lewis; Inspected by (name and title printed): Dennis Smith; Received by (signature): Diane Lewis; Inspected by (signature): Dennis Smith; cc: ; cc: ; cc: ;