



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

BLACKFORD CO HEALTH DEPT
506 E. VAN CLEVE
HARTFORD CITY, IN 47348
(765) 348-4317

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 #6622		Telephone Number 765 348 4137	Date of Inspection (mm/dd/yr) 3-1-23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1700N WALNUT ST. HARTFORD CITY		() Owner	Follow-up NO	
Owner Hook-Super LLC		Purpose: 1. Routine <input checked="" type="radio"/>	Release Date 3-11-23	
Owner's Address 1 CVS DR WOODSOKET RI		2. Follow-up	Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in Charge TERI JONES		3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail N/A		4. Pre-Operational	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified Food Handler N/A		5. Temporary		
		6. HACCP		
		7. Other (list)		

- 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/NC	R	Narrative	To Be Corrected By
			NO VIOLATIONS AT THIS INSPECTION	

Received by (name and title printed): x Teri Jones Store manager		Inspected by (name and title printed): Blake Carr - EHS	
Received by (signature): x [Signature]		Inspected by (signature): [Signature] EHS	
cc:	cc:	cc:	cc: