



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 # 6022	Telephone Number (765) 348-4134 7134	Date of Inspection (mm/dd/yr) 6/13/22	ID # 5
Establishment Address (number and street, city, state, ZIP code) P.O. Box 109 HARTFORD CITY	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 6/23/22
Owner Hook-Super LLC	Summary of Violations: C ___ NC ___ R ___	Menu Type (See back of page) 1 X 2 3 4 5	
Owner's Address ONE CVS DR. McILBO WOODSOCKET RI	Person in Charge	Responsible Person's E-mail N/A	
Person in Charge	Certified Food Handler N/A	Certified Food Handler N/A	

• 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/C	R	Narrative	To Be Corrected By
			No violations at THIS inspection	

Received by (name and title printed):
Jim Ashby

Received by (signature):
[Signature]

Inspected by (name and title printed):
Blakely F&D/CUS

Inspected by (signature):
[Signature]

cc: _____ cc: _____ cc: _____