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 #2484	**Telephone Number** 765 Establishment 674 Owner 5088	**Date of Inspection** (*mm/dd/yr*) 4-9-24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 4630 S Washington St.			
Owner Hook-Superx LLC	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** No	**Release Date** 10 days
Owner's Address RI		**Summary of Violations:** C — NC 1 R —	
Person in Charge Nicole			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 ✓ 2 3 4 5	
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/NC	R	Narrative	To Be Corrected By
409	NC		+/- 2 ceiling tiles are stained - brown	15 days

Received by (*name and title printed*): Nicole Leis	Inspected by (*name and title printed*): Dean Sunk
Received by (*signature*): Nicole Leis	Inspected by (*signature*): Dean Sunk FSD

cc:	cc:	cc: