



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 <u>CVS Pharmacy #6626</u>	Telephone Number (Establishment <u>763</u>) (Owner <u>679-6613</u>)	Date of Inspection (mm/dd/yr) <u>1-13-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>811 E Main St., Boscawen, NH</u>			
Owner <u>Heck Super X LLC</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u></u>	Follow-up <u>NO</u>	Release Date <u>10 Days</u>
Owner's Address <u>Same</u>	Summary of Violations: <u>C</u> <u>NC</u> <u>R</u>		
Person in Charge <u>Diane</u>			
Responsible Person's E-mail <u></u>	Menu Type (See back of page)		
Certified Food Handler <u>N/A</u>	1 <u>X</u> 2 <u></u> 3 <u></u> 4 <u></u> 5 <u></u>		

- 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"

Received by (name and title printed):

—P. Lewis

Inspected by (name and title) John Doe

Inspected by (Name and Title) John R. Smith

Received by (signature):

ed by (signature):

~~W. H. Miller~~

inspected by signature):

cc:

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