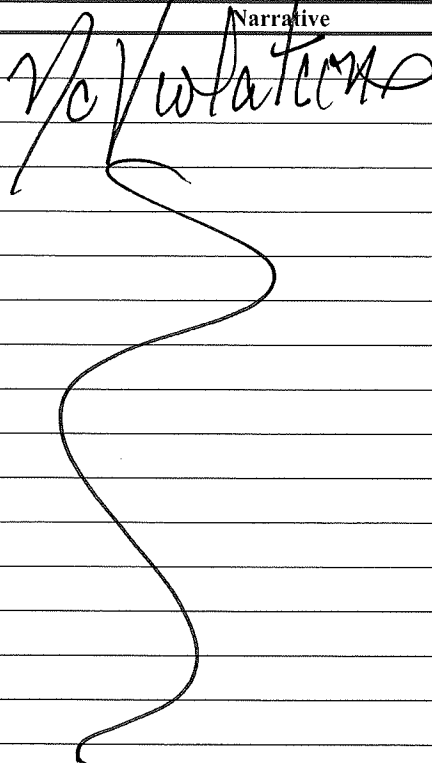

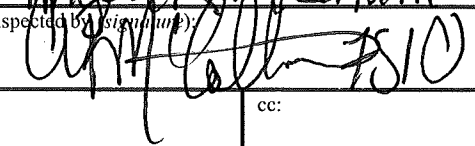


**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

Establishment Name CVS Pharmacy #6626	Telephone Number () Establishment 765 () Owner 674-6613	Date of Inspection (mm/dd/yr) 1-13-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 301 E Main St., Gas City			
Owner Hoko Super X LLC	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 10/10/25
Owner's Address Same		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in Charge Diane		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail _____			
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
				
Received by (name and title printed):			Inspected by (name and title printed):	
D Lewis			Angel R. McEldum	
Received by (signature):			Inspected by (signature):	
				
cc:			cc:	