



**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 6621	Telephone Number (765) Establishment () Owner 662-1316	Date of Inspection (mm/dd/yr) 8-3-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 415 W 3rd St Marion	Owner Hook Super RX	Follow-up NO	Release Date Days
Owner's Address One CVS DR RI	Purpose: 1. Routine <input checked="" type="checkbox"/> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations? C <input type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in Charge Nathan	Responsible Person's E-mail	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"/>	
Certified Food Handler N/A	<ul style="list-style-type: none"> • 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 ON THIS INSPECTION	

Received by (name and title printed): Nathan Smith Store manager	Inspected by (name and title printed): Scott L. Kendall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: