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 6624	**Telephone Number** ( ) Establishment 674 Owner 6613	**Date of Inspection** (*mm/dd/yr*) 9-1-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 301 E Main St Gas City			
Owner Hooks Super RX 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 Woon Socket RI		**Summary of Violations:** C ✓ NC ✓ R ✓	
Person in Charge Diane Lewis			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 X 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
			- No violations at this inspection -	

Received by (*name and title printed*): Diane Lewis	Inspected by (*name and title printed*): Dean Lund PSTS
Received by (*signature*): Diane Lewis	Inspected by (*signature*): Marshall PSTS
cc:	cc: cc: