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 Walgreens #5663	**Telephone Number** ( ) Establishment ( ) Owner 664-2434	**Date of Inspection** *(mm/dd/yr)* 3/27/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1323 N Baldwin Ave Marion			
Owner Walgreen Co	**Purpose:** 1. Routine (circled) 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 Deerfield, IL		**Summary of Violations:** C- NC 1 R 1	
Person in Charge Michelle Baxter			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler NA			

- 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
408	NC	✓	+/- 5 ceiling tiles stained brown in color	ASAP

Received by (*name and title printed*): Michelle Baxter

Received by (*signature*): Michelle Baxter

Inspected by (*name and title printed*): April Lagore FSIO

Inspected by (*signature*): April Lagore

cc: | cc: | cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111
Fax 765-651-2419

DATE: 3/27/24

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / April Legare from the Grant Co. Health Department on 3/27/24.

Date:	Action Taken:
3/27/27	Fix it Ticket For Corporate Office

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)

Name of Respondent: Michelle Baxter **Title:** ESM

Establishment Name: Walgreens # 5663

Address: 1323 S. Baldwin Ave, Marion IN 46952

Attach additional sheets as needed.