



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 #6626
Telephone Number: 765 Establishment
Date of Inspection: 11-13-10
ID #: 27
Establishment Address: 301 E. Main St. Gosport City IN
Owner: Hooks Super RX LLC
Purpose: 1. Routine
Follow-up: NO
Release Date: 10 days
Owner's Address: One CVS Dr. 1160 Woodsocket R.I.
Person in Charge: Cheryl King
Responsible Person's E-mail: N/A
Certified Food Handler: _____

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten entry: No violations at this inspection

Received by (name and title printed): Cheryl King
Inspected by (name and title printed): Dean Small FSTO
Received by (signature): Cheryl King
Inspected by (signature): Dean Small FSTO