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 #2484	Telephone Number: (765) Establishment; (674) Owner 5085	Date of Inspection (mm/dd/yr): 12-12-18	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 4630 S. Western Ave			
Owner: Hook Super RX LLC	Purpose: 1. Routine	Follow-up: —	Release Date: 10 days
Owner's Address: One CVS Drive RI	2. Follow-up	Summary of Violations:	
Person in Charge: Shawn Nash	3. Complaint	C— NC— R—	
Responsible Person's E-mail: —	4. Pre-Operational		
	5. Temporary	Menu Type (See back of page)	
Certified Food Handler: N/A	6. HACCP		
	7. Other (list)	1✓ 2 3 4 5	

• 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 inspections —	

Received by (name and title printed): Shawn Nash Store MGR	Inspected by (name and title printed): Debra Small FSS
Received by (signature): Shawn Nash	Inspected by (signature): [signature] FSS

cc:	cc:	cc: