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 #2484	**Telephone Number** ( ) Establishment / Owner	**Date of Inspection** (*mm/dd/yr*) 3/31/25	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 4530 So Washington St, Marion 574-3085			
Owner Hook-Super X, LLC	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address same	2. Follow-up	**Summary of Violations:**	
Person in Charge Nichole	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler NA	5. Temporary	1 ✓ 2___ 3___ 4___ 5___	
	6. HACCP		
	7. Other (*list*) ___		

- 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	

Received by (*name and title printed*): Nicole Lois, Shift Supervisor

Received by (*signature*): Nicole Lois 3-31-25

Inspected by (*name and title printed*): Angela D. McCollum

Inspected by (*signature*): Angela McCollum #510

cc: | cc: | cc: