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

7-26

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 765 ( )Owner 674-5085	**Date of Inspection** *(mm/dd/yr)* 8/5/25	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 4630 So. Washington St. Marion			
Owner Hook-Super X LLC	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date**
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Lana	3. Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail —	4. Pre-Operational	**Menu Type** *(See back of page)*	
Certified Food Handler N/A	5. Temporary	1 X 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)*: LANA NAYADOR

Received by *(signature)*: Lana Nayador

Inspected by *(name and title printed)*: Angela Callum

Inspected by *(signature)*: Angela Callum #7516

cc: | cc: | cc: