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

24

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 6621	**Telephone Number** (765) Establishment ( ) Owner 1316	**Date of Inspection** *(mm/dd/yr)* 5-30-25	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 415 W 3rd St			
Owner Hooks Super X LLC	**Purpose:** 1 (Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** No	**Release Date**
Owner's Address RT		**Summary of Violations:** P- Pf- C-	
Person in Charge Alex		**Menu Type** *(See back of page)* 1 N 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler N/A			

- 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)*: Alexander Hubble	Inspected by *(name and title printed)*: Dean Smith
Received by *(signature)*: Alexander Hubble	Inspected by *(signature)*: Dean Smith RS

cc:	cc:	cc: