RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

WELLS COUNTY HEALTH DEPT.
223 W. Washington, Suite 202
BLUFFTON, IN 46714-1955
(260) 824-6489

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	**Telephone Number** (260) Establishment 824-1646 (461) Owner 770-3315	**Date of Inspection** *(mm/dd/yr)* 2/4/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 1203 S MAIN ST. BLUFFTON IN 46714			
Owner HOOK-SUPERX LLC	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 2/10/10
Owner's Address ONE CVS DR. 230602A WOONSOCKET RI 02895	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Summary of Violations:** C 0 NC 0 R —	
Person in Charge VANESSA MALONE			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 ✓ 2 3 4 5	
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)*: Vanessa M. Malone	Inspected by *(name and title printed)*: JENNIFER COLEMAN, EHS
Received by *(signature)*: Vanessa M. Malone	Inspected by *(signature)*: Jennifer N Coleman

cc:	cc:	cc: