RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

(4)

ADAMS CO. HEALTH DEPT.
313 JEFFERSON ST.
DECATUR, IN 46733
(260-724-5326

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 #6528	**Telephone Number** (✓) Establishment 589-2701 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 2-25-10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) BERNE			
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**	**Release Date**
Owner's Address		**Summary of Violations:** C 0 NC 1 R	
Person in Charge Deb Funk, Store Mgr			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 ✓ 2 3 4 5	
Certified Food Handler			

- 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
295	NC		glass on doors on Milk Cooler Both inside & out need cleaning. Remaining (3) Coolers holding asst drinks could use the same cleaning treatment.	5 days

Received by (*name and title printed*):

Inspected by (*name and title printed*):

Received by (*signature*): Jackie Kowalski

Inspected by (*signature*): Richard Thompson

cc:

cc:

cc: