



**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 <i>CUS Pharmacy 6626</i>	Telephone Number <i>765 674-6133</i>	Date of Inspection <i>7-9-24</i>	ID # <i>27</i>
Establishment Address <i>301 E Main St</i>	Owner <i>674-6133</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Hooks Super X LLC</i>	Purpose: 1. <u>Routing</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C NC / R</i>	
Owner's Address <i>1 CUS DR R#</i>		Menu Type (See back of page) <i>1 ✓ 2 3 4 5</i>	
Person in Charge <i>Vicki</i>			
Responsible Person's E-mail <i>---</i>			
Certified Food Handler <i>N/A</i>			

- 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
<i>409</i>	<i>NC</i>		<i>+/- 3 ceiling tiles are stained/brown in color Needs replaced</i>	<i>30 days</i>

Received by (name and title printed): <i>Vicki Rogosa</i>	Inspected by (name and title printed): <i>Dean Smith</i>
Received by (signature): <i>Vicki Rogosa</i>	Inspected by (signature): <i>Dean Smith</i>
cc:	cc: