



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

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

Delaware County Health Dept  
100 West Main St, Room 207  
Muncie, IN 47305

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 <b>CVS Pharmacy -</b>	Telephone Number <b>(313) 324-3115</b>	Date of Inspection (mm/dd/yr) <b>2-21-2012</b>	ID # <b>201</b>
Establishment Address (number and street, city, state, ZIP code) <b>201 S Tillotson Ave, Muncie IN 47303</b>	( ) Contact		
Owner <b>CVS Pharmacy</b>	Purpose:	Follow-up <b>No</b>	Release Date <b>3-3-2012</b>
Owner's Address <b>719 Griswold Street, Suite 1000, Detroit MI 48226</b>	1. Routine	Summary of Violations: <b>C 0 NC 0 R 0</b>	
Person in Charge <b>Dodi Chase</b>	2. Follow-up		
Responsible Person's E-mail <b>dodichase@comcast.net</b>	3. Complaint	Menu Type (See back of page)	
Certified Food Handler <b>N/A</b>	4. <b>Pre-Operational</b>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
	5. Temporary		
	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"

**ORIGINAL**

Section#	C/NC	R	Narrative	To Be Corrected By
			This establishment is ready to open. Please come + purchase the food permit before opening	
			*An employee health policy was discussed.	

Received by (name and title printed): <b>DODI CHASE STORE MANAGER</b>	Inspected by (name and title printed): <b>Sharon I Pattee</b>
Received by (signature): <i>Dodi Chase</i>	Inspected by (signature): <i>Sharon I Pattee</i>
cc:	cc: