Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name CVS/PHARMACY #10657 Address 1950 STATE STREET, NEW ALBANY IN 47150 Owner CVS/PHARMACY Owner's Address 1 CVS DRIVE MC 1160 WOONSOCKET, RI 02895- Person in Charge JAMES ARRWOOD Responsible Person's Email Certified Food Handler | | | | | | Est Ov | Telephone Number 812-948-8305 401-765-1500 Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Date of Inspection 05/07/2021 Follow Up Menu Type 1 X 2 3 | Released 05/17/2021 | |
|---|--|--|---|----------------------|-------|-----------------|---|--|---------------------|--|
| | | | | AND NARRATIVE COLUMN | | S" AND IN THE I | NARRAIVE COLUMN MARKED AS "R" | | | |
| Section # C NC R Narrative To Be Corrected | | | | | | | | | Corrected | |
| 394 | X Observed trash outside of dumpster in the dumpster cor | | | | | | npster corral. | 5/14/21 | | |
| Summary of Vi | olations | | 7 | 0 NC | 1 R 0 | | | | | |
| Summary of Violations C 0 NC 1 R 0 Received by (name and title printed): | | | | | | | Inspected by (name and title printed): | | | |
| JAMES ARRWOOD | | | | | | (| Christa Manus EHS | | | |
| Received by (signature): | | | | | | | Inspected by (signature): | | | |
| cc: | | | | | cc: | | | cc: | | |