

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.

The time lin	nit for correct	ion of each violation is sp	ecined in the nari	ative portion of this	report.			
Establishme	nt Name		ſ		Telephone Number	Date of Ins (mm/dd/yr)	pection	ID#
Starbucks Coffee # 9880					7 (Establishment		_	
Establishment Address (number and street, city, state, ZIP code)					() Owner 3472	5-3	-17	127 1
210	7.0	vestern 1		Marion	() =	5		
Owner_		NOSTORE	TVE	/ WITOVI	Purpose:	Follow-up	Relea	se Date
		ake O.	^		1. Routine	611	- (Delaus
Owner's Address								
					2. Follow-up	Summary of Violations:		
Po Box 34442 S-Tax-2 Person in Charge Con 1416 1016					3. Complaint	~ (NGC	
1/11 = 01 + 1/1. Seatiful					74. Pre-Operational	$C \cap NC \cap R \cap$		
Mana Blackburn					5. Temporary	Menu Type (See back of page)		
Responsible Person's E-mail					6. НАССР	Menu Type (See back by page)		
NIA					7. Other (list)	1 1/2	3	4 5
Certified Food Handler						1345		
Sarum Dun Exp: 2-28-2022								
• 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 I			Narrative			vance at more than the second control of	orrected By
Section#	C/NC I		1	i	1 11 : :	1 -		
	_	- NO VIOL	ations	noted a	+ this inspe	Ction	7	
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Received by (name and title printed): Inspected by (name and title printed):								
Allema Bladeburn Traci Little FSID								
Received by (signature): Inspected by (signature):								
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