

## 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  Telephone Number  Date of Inspection  ID #						ID#		
The	Ah	he	4 Coffee Compens	( Fistablishment	(mm/dd/yr)			
Establishment Address (number and street, city, state, ZIP code)						5-11	1211	
1500	71	1.1	restern Ave. Marian	( ) = / \ ( ) = /	1' ~	,		
Owner	J () .		Pearly M. M. W. W. W.	Purpose:	Follow-u	n Relea	se Date	
600	·	1/	innich	1. Routine	100 days			
Owner's Ad	idress	01	Tririco	2. Follow-up	Summary of Violations:			
1. C	(5)	11	300 E Leesburg,		Summary of Violations.			
Person in C	harge	1	DOOR TOOLING	3. Complaint		NC	ъ	
	2 ) (	1	IN IN	4. Pre-Operational	<u>C_</u>	_ NC	<u> </u>	
Responsible	Person's	E-ma		5. Temporary	Menu Type (See back of page)			
1 tesponsion	\ \ \ \ \	`	•	6. НАССР		, (		
Certified Fo	od Handl	or		7. Other (list)	1 X 2	3	4 5	
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	•		guired per meny					
• CRITICAL	, ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	CATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative	agegypetringingsymmen i karminen mennen senere och minne senere senere och blåde mill kirkelike til kalle til d	Mithelita inne i Grinana hitse inne fillimete i	To Be C	orrected By	
187	ď		Two gallons of milk	and a ha	1.C	Vol	discarded	
101	-		1100 gallons of milk	1	· CT			
		<del> </del>	gallon of Halt + Halt	measured			nected	
			500f located in the si	wall refrig	erato	n to	day	
			located behind the from	t counter.	'		i I	
			18/112/	0000				
-7/1	110	<del>                                     </del>		3 0 1			1	
1774	NC	1	Two Containers holding dry food today					
			products are not labele	d as to con	tents	`	\	
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CDANT COUNTY HEALTH DEPARTMEN

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Phone 765-651-2401 Fax 765-651-2419

Grant County Health Department 401 S. Adams St. Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer
DATE: Action Taken: holding dry food are labeled.
75/17 18) Refridgerator is set to temperature below
Name of Respondent: Levi McClish Title: Manager
Establishment Name: The Abbey Coffee Co.
Address: 1500 S Western Ave, Marion IN 46953