

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.

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Star bucke Coffee #11503					Telephone Number (9) Establishment	Date of Inspec mm/dd/yr)	ction ID#	
Establishment Address (number and street, city, state, ZIP code) 4970 Berner Blvd Gps Gry					1770wne0905	11-13	18 27	
Star hucks Coun					Purpose:	Follow-up	Release Date	
Owner's Address P. O. Bex 34447 5-fax 2					2. Follow-up	Summary of Violations:		
Person in Charge Lose Lyn Canten					3. Complaint 4. Pre-Operational	c_9 NC_3 R_		
Responsible Person's E-mail					5. Temporary6. HACCP	Menu Type (See back of page)		
Certified Food Handler					7. Other (<i>list</i>)	12	_345	
• 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	THE SECOND PROCESS OF A SE	Narrative	988 (ETTTE) et komföre kikanlade et uten et en en et en komföre kommen et en en et en et et et et et et et et Ett et e	, I T	o Be Corrected By	
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1			distpan A	v 2 Cones.	5 9 5		/ /	
218	NIP		Custowale L. Line	r up front is	honker Mend	c 1	1/2 douse	
0010	146		fixed or rev		DIOPER, IVEO	/	o and t	
000			Aug Cara 1	Visla Salla	1 1/2	1	In-real 1	
~ 15			ON Counter Knife Solled laying on top. Corrected.					
345	C		Coffee beans in it. Hand singly pre for					
			Coffee beans in 11. Hand singly pre for					
			Employees washing there hand s					
129	C		employee han	aling money of morey of	han grasibing		To Iny	
(ford grade .	open a food the	wen washed t	romos	/	
295	NC		Flooring th	rough out to i	nclude un de	UR -	Tuday	
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