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 Midwest Coffee Company	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 5-3-23	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 1321 W Spencer Ave			
Owner Shari	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** No	**Release Date** 5-3-2023
Owner's Address Same		**Summary of Violations:** C — NC — R —	
Person in Charge Shari			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 2 X 3 4 5	
Certified Food Handler Shari Boultbee exp 7-2024			

• 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	Narrative	To Be Corrected By
			No violations	

Received by (*name and title printed*): Shari Boultbee	Inspected by (*name and title printed*): [signature]
Received by (*signature*): Shari Boultbee	Inspected by (*signature*): Dean Smith FSD
cc:	cc:	cc: