



**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 <i>Starbucks Coffee 9880</i>	Telephone Number <i>468 Establishment</i>	Date of Inspection <i>(mm/dd/yr) 4-26-23</i>	ID # <i>27</i>
Establishment Address <i>3101 S. Western Ave</i>	Owner <i>(607) 34472</i>		
Owner <i>Starbucks Corp</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 34442</i>		Summary of Violations: <i>C 1 NC R</i>	
Person in Charge <i>Joyce</i>		Menu Type (See back of page) <i>1 / 2 3 4 5</i>	
Responsible Person's E-mail <i>[Redacted]</i>			
Certified Food Handler <i>N/A Stream Don</i>			

• 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
<i>345</i>	<i>C</i>		<i>Front hand sink had plastic cube sitting in it</i>	<i>Removed</i>

Received by (name and title printed): <i>Joyce K. Knotts</i>	Inspected by (name and title printed): <i>Dean Small FSTU</i>
Received by (signature): <i>Joyce K Knotts</i>	Inspected by (signature): <i>Dean Small FSTU</i>
cc:	cc: