



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**  
State Form 57480 (R2 / 4-25)  
INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION

Release Date

9-4-2025

Date  
Time In  
Time Out

No. of Risk Factor/Intervention Violations

1

No. of Repeat Risk Factor/Intervention  
Violations

1

Establishment <i>McLennan Coffee</i>	Address <i>4201 S Washington</i>	City/State <i>Marion</i>	Zip Code <i>46953</i>	Telephone
License/Permit # <i>2025-195</i>	Permit Holder <i>TWJ</i>	Purpose of Inspection <i>Routine</i>	Est. Type <i>4</i>	Risk Category <i>9</i>

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R  
COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status	COS	R				
<b>Supervision</b>										
1 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food				
2 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Certified Food Protection Manager		18 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooking time & temperatures				
<b>Employee Health</b>										
3 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper reheating procedures for hot holding				
4 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper use of restriction and exclusion		20 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooling time and temperature				
5 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper hot holding temperatures				
<b>Good Hygienic Practices</b>										
6 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cold holding temperatures				
7 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No discharge from eyes, nose, and mouth		23 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper date marking and disposition				
<b>Preventing Contamination by Hands</b>										
8 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Hands clean & properly washed		24 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Time as a Public Health Control; procedures & records				
9 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		<b>Consumer Advisory</b>						
10 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Consumer advisory provided for raw/undercooked food				
<b>Approved Source</b>										
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source		<b>Highly Susceptible Populations</b>						
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature		26 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered				
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		27 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food additives: approved & properly used				
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Toxic substances properly identified, stored, & used				
<b>Protection from Contamination</b>										
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected		<b>Conformance with Approved Procedures</b>						
16 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		29 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Compliance with variance/specialized process/HACCP				
<b>GOOD RETAIL PRACTICES</b>										
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS=corrected on-site during inspection		R=repeat violation				
Compliance Status		COS	R	Compliance Status	COS	R				
<b>Safe Food and Water</b>										
30 <input checked="" type="checkbox"/> IN	Pasteurized eggs used where required			<b>Proper Use of Utensils</b>						
31 <input checked="" type="checkbox"/> IN	Water & ice from approved source			43 <input checked="" type="checkbox"/> IN	Use utensils: properly stored					
32 <input checked="" type="checkbox"/> IN	Variance obtained for specialized processing methods			44 <input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried, & handled					
<b>Food Temperature Control</b>				45 <input checked="" type="checkbox"/> IN	Single-use/single-service articles: properly stored & used					
33 <input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control			46 <input checked="" type="checkbox"/> IN	Gloves used properly					
34 <input checked="" type="checkbox"/> IN	Plant food properly cooked for hot holding			<b>Utensils, Equipment and Vending</b>						
35 <input checked="" type="checkbox"/> IN	Approved thawing methods used			47 <input checked="" type="checkbox"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
36 <input checked="" type="checkbox"/> IN	Thermometers provided & accurate			48 <input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained, & used; test strips					
<b>Food Identification</b>				49 <input checked="" type="checkbox"/> IN	Non-food contact surfaces clean					
37 <input checked="" type="checkbox"/> IN	Food properly labeled; original container			<b>Physical Facilities</b>						
<b>Prevention of Food Contamination</b>										
38 <input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present			50 <input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure					
39 <input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display			51 <input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices					
40 <input checked="" type="checkbox"/> IN	Personal cleanliness			52 <input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed					
41 <input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored			53 <input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned					
42 <input checked="" type="checkbox"/> IN	Washing fruits & vegetables			54 <input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained					
<b>Person In Charge (Signature)</b>				55 <input checked="" type="checkbox"/> IN	Physical facilities installed, maintained, & clean					
<b>Inspector (Signature)</b>				56 <input checked="" type="checkbox"/> IN	Adequate ventilation & lighting; designated areas used					
Date: <i>9/4/2025</i>										
Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (Circle one) Follow-up Date:										



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Establishment  
Mc Conn Co

**Address**

**City/State**

Zip Code

**Telephone**

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.	Complete by Date:
306/C	Syrup on counter & under bottles	Today
	Frozen strawberries on bottom of freezer	

## Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

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