# 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** McConn Coffee Co - IWU | **Telephone Number** ( ) Establishment ( ) Owner 677-2479 | **Date of Inspection** (*mm/dd/yr*) 2-4-25 | **ID #** 27 |
| **Establishment Address** (*number and street, city, state, ZIP code*) 420 So Washington St, Marion | | | |
| **Owner** IWU | **Purpose:** 1. Routine | **Follow-up** No | **Release Date** 10 days |
| **Owner's Address** Same | 2. Follow-up | **Summary of Violations:** | |
| **Person in Charge** Meredith Walker | 3. Complaint | C___ NC___ R___ | |
| **Responsible Person's E-mail** | 4. Pre-Operational | | |
| **Certified Food Handler** Austin Pootoman 12/7/22 | 5. Temporary | **Menu Type** (*See back of page*) | |
| | 6. HACCP | 1 X 2___ 3___ 4___ 5___ | |
| | 7. Other (*list*) ___ | | |

• 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*): Meredith Walker | Inspected by (*name and title printed*): Dean Snell |
| Received by (*signature*): [signature] | Inspected by (*signature*): [signature] PSP |
| cc: | cc: |
| cc: | cc: |