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	**Telephone Number** ( ) Establishment ( ) Owner 677-2479	**Date of Inspection** (*mm/dd/yr*) 2-12-24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 4201 S Washington St			
Owner Indiana Wesleyan U.	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 days
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Benjamin	3. Complaint	C ___ NC 1 R ___	
Responsible Person's E-mail	4. Pre-Operational		
	5. Temporary	**Menu Type** (*See back of page*)	
Certified Food Handler Austin	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
295	NC		Dried food debris At top of frigidaire in bnell	Today

Received by (*name and title printed*): Benjamin Neideck	Inspected by (*name and title printed*): Dean [illegible]
Received by (*signature*): Benjamin Neideck	Inspected by (*signature*): Dean [illegible]
cc:	cc:
	cc: