



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 McCorm Coffee Co	Telephone Number 765 Establishment (677)-2479 Owner	Date of Inspection (mm/dd/yr) 1-10-22	ID # 22
Establishment Address (number and street, city, state, ZIP code) 4201 S Washington St	Owner IWU	Follow-up NO	Release Date 10 days
Owner's Address same	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Person in Charge Autumn Guptill	Responsible Person's E-mail _____	Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified Food Handler N/A			

• 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):
Autumn Guptill

Received by (signature):
Autumn Guptill

Inspected by (name and title printed):
Scott Kibendall

Inspected by (signature):
Scott Kibendall FSO

cc:	cc:	cc:
-----	-----	-----