



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>Starbuck's Coffe #1593</i>	Telephone Number () Establishment () Owner <i>7153 677-0905</i>	Date of Inspection (mm/dd/yr) <i>1-23-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>497C Beamer Blvd., Moline</i>			
Owner <i>Starbuck's Corp</i>	Purpose: <ul style="list-style-type: none"><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) <hr/>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>None</i>	Summary of Violations: <i>C NC R</i>		
Person in Charge <i>Reyton</i>			
Responsible Person's E-mail <hr/>	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Certified Food Handler <i>N</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 "P"

Received by (name and title printed):

Received by (name and title printed):
Payton Shippy (Store Manager)

Inspected by (name and title printed)

~~Independent by convention~~

Received by (signature):

Received by (signature):
Payton Shimp

Specified by Customer:

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