

<b>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT</b> State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION		Release Date		10 Days		Date		9-11-25	
		No. of Risk Factor/Intervention Violations		0		Time In		10 #	
		No. of Repeat Risk Factor/Intervention Violations		0		Time Out		27	
		Establishment		Address		City/State		Zip Code	
#9880 Starbucks Coffee		3101 S Western		Marion IN		46953		765662-3472	
License/Permit #		Permit Holder		Purpose of Inspection		Est. Type		Risk Category	
2025-318		Starbucks Corp		Routine		1		1	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>									
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									
<b>Compliance Status</b>					<b>Compliance Status</b>				
<b>Supervision</b>					<b>Time/Temperature Control for Safety</b>				
1	IN	OUT	N/A	N/O	17	IN	OUT	N/A	N/O
Person in charge present, demonstrates knowledge, and performs duties					Proper disposition of returned, previously served, reconditioned & unsafe food				
2	IN	OUT	N/A	N/O	18	IN	OUT	N/A	N/O
Certified Food Protection Manager					Proper cooking time & temperatures				
<b>Employee Health</b>					<b>Consumer Advisory</b>				
3	IN	OUT	N/A	N/O	19	IN	OUT	N/A	N/O
Management, food employee and conditional employee; knowledge, responsibilities and reporting					Consumer advisory provided for raw/undercooked food				
4	IN	OUT	N/A	N/O	20	IN	OUT	N/A	N/O
Proper use of restriction and exclusion					Proper reheating procedures for hot holding				
5	IN	OUT	N/A	N/O	21	IN	OUT	N/A	N/O
Procedures for responding to vomiting and diarrheal events					Proper cooling time and temperature				
<b>Good Hygienic Practices</b>					<b>Highly Susceptible Populations</b>				
6	IN	OUT	N/A	N/O	22	IN	OUT	N/A	N/O
Proper eating, tasting, drinking, or tobacco products use					Proper hot holding temperatures				
7	IN	OUT	N/A	N/O	23	IN	OUT	N/A	N/O
No discharge from eyes, nose, and mouth					Proper cold holding temperatures				
<b>Preventing Contamination by Hands</b>					<b>Food/Color Additives and Toxic Substances</b>				
8	IN	OUT	N/A	N/O	24	IN	OUT	N/A	N/O
Hands clean & properly washed					Time as a Public Health Control; procedures & records				
9	IN	OUT	N/A	N/O	25	IN	OUT	N/A	N/O
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed					Consumer advisory provided for raw/undercooked food				
10	IN	OUT	N/A	N/O	26	IN	OUT	N/A	N/O
Adequate handwashing sinks properly supplied and accessible					Pasteurized foods used; prohibited foods not offered				
<b>Approved Source</b>					<b>Conformance with Approved Procedures</b>				
11	IN	OUT	N/A	N/O	27	IN	OUT	N/A	N/O
Food obtained from approved source					Food additives: approved & properly used				
12	IN	OUT	N/A	N/O	28	IN	OUT	N/A	N/O
Food received at proper temperature					Toxic substances properly identified, stored, & used				
13	IN	OUT	N/A	N/O	29	IN	OUT	N/A	N/O
Food in good condition, safe, & unadulterated					Compliance with variance/specialized process/HACCP				
14	IN	OUT	N/A	N/O	Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.				
Required records available: molluscan shellfish identification, parasite destruction									
<b>Protection from Contamination</b>									
15	IN	OUT	N/A	N/O					
Food separated and protected									
16	IN	OUT	N/A	N/O					
Food-contact surfaces; cleaned & sanitized									
<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									
<b>Compliance Status</b>					<b>Compliance Status</b>				
<b>Safe Food and Water</b>					<b>Proper Use of Utensils</b>				
30					43				
Pasteurized eggs used where required					In-use utensils: properly stored				
31					44				
Water & ice from approved source					Utensils, equipment & linens: properly stored, dried, & handled				
32					45				
Variance obtained for specialized processing methods					Single-use/single-service articles: properly stored & used				
<b>Food Temperature Control</b>					<b>Utensils, Equipment and Vending</b>				
33					46				
Proper cooling methods used; adequate equipment for temperature control					Gloves used properly				
34					47				
Plant food properly cooked for hot holding					Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
35					48				
Approved thawing methods used					Warewashing facilities: installed, maintained, & used; test strips				
36					49				
Thermometers provided & accurate					Non-food contact surfaces clean				
<b>Food Identification</b>					<b>Physical Facilities</b>				
37					50				
Food properly labeled; original container					Hot & cold water available; adequate pressure				
<b>Prevention of Food Contamination</b>					Plumbing installed; proper backflow devices				
38					51				
Insects, rodents, & animals not present					Sewage & wastewater properly disposed				
39					52				
Contamination prevented during food preparation, storage & display					Toilet facilities: properly constructed, supplied, & cleaned				
40					53				
Personal cleanliness					Garbage & refuse properly disposed; facilities maintained				
41					54				
Wiping cloths: properly used & stored					Physical facilities installed, maintained, & clean				
42					55				
Washing fruits & vegetables					Adequate ventilation & lighting; designated areas used				
					56				
Person In Charge (Signature) <i>Gemma Pentecost</i>					Date: <i>Sept. 11 2025</i>				
Inspector (Signature) <i>[Signature]</i> 7510					Follow-up: YES <input checked="" type="radio"/> NO <input type="radio"/> (Circle one) Follow-up Date:				