

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 <b>Starbucks College #9880</b>		Telephone Number ( ) Establishment 765 Owner 662-3472		Date of Inspection (mm/dd/yr) 4/8/25	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 301 So. Western Ave., Marion						
Owner Starbucks Corporation		Purpose: 1. Routine		Follow-up NO	Release Date 10 Day	
Owner's Address Same		2. Follow-up		Summary of Violations:		
Person in Charge Jeremy		3. Complaint		C NC R		
Responsible Person's E-mail		4. Pre-Operational		Menu Type (See back of page)		
Certified Food Handler N/A		5. Temporary		1 X 2 3 4 5		
		6. HACCP				
		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		
430	NC		Cracked missing floor tiles under cold bar sink needs replaced - needs to be smooth easy cleanable	3 days		
Received by (name and title printed): Jeremy Hite						Inspected by (name and title printed): Angela B. Callum
Received by (signature): Jeremy Hite						Inspected by (signature): Angela B. Callum #510
cc:		cc:		cc:		

## Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123  
Fax 765-651-2419

Date: 4/10/25

**765-651-2401 (Phone) 765-651-2419 (Fax)**  
**Grant County Health Department**  
**401 South Adams Street**  
**Marion, IN 46953**

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 4/8/25

<u>DATE</u>	<u>ACTION TAKEN</u>
<u>4/14</u>	<u>Starbucks facilities will have the tile replaced within 30 days.</u>

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Jeremy Hite Title Manager  
Establishment Starbucks  
Address 3101 S Western Ave Marion  
IN 46991

Attach additional sheets as needed.