



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R2/2-05)

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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 <u>Starbucks Coffee #9880</u>	Telephone Number () <u>765</u> _____ Owner <u>662-3472</u>	Date of Inspection (mm/dd/yr) <u>4/8/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>30150 Western Ave, Milw</u>			
Owner <u>Starbucks Corporation</u>	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) <hr/>	Follow-up <u>NO</u>	Release Date <u>10 Day</u>
Owner's Address <u>None</u>	Summary of Violations: <u>C NC R</u>		
Person in Charge <u>Jeremy</u>			
Responsible Person's E-mail <u>_____</u>			
Certified Food Handler <u>WA</u>	Menu Type (See back of page) <u>1 X 2 3 4 5</u>		

- 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		<p>Craigs of missing floor tiles</p> <p>Leaking cold water pipe</p> <p>Needs to be replaced - needs to be</p> <p>smooth easy cleanable</p>	3 days

Received by (name and title printed):

2 printed):
Jeremy Hite

Inspected by (name and title) ✓ D. S. A.

Inspected by (name and title printed):
Alvin G. H. Lamm
Inspected by (signature): AGH
cc: FBC

Received by (signature):

Jeremy Hill
Signature: *Jeremy Hill* cc:

Digitized by srujanika

Inspected by (signature): John J. B. S. [Signature] CC: 130

CC:

CC:

55

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

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

(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

Attach additional sheets as needed.

IN 46953