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: STARBUCKS COFFEE # 11503	**Telephone Number**: 765 Establishment ( ) Owner 677-0905	**Date of Inspection** (*mm/dd/yr*): 2-25-22	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 4970 BEAVER BLVD GAS CITY			
Owner: STARBUCKS CORP	**Purpose:** (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: PO BOX 34442 S-TAX 2 WA		**Summary of Violations:** C— NC 1 R—	
Person in Charge: MARY			
Responsible Person's E-mail: ———		**Menu Type** (*See back of page*): 1 X 2 3 4 5	
Certified Food Handler: MARY DEWERE			

- 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
295	NC		Cabinet Drawer with Clean Utensils has coffee beans in drawer	Today
			Display 2022 Food License where public can view	

Received by (*name and title printed*): Bethany Sullivan

Received by (*signature*): Bethany Sullivan

Inspected by (*name and title printed*): Scott Kendall / Dean Shroll

Inspected by (*signature*): Scott Kendall / Dean Shroll

cc: | cc: | cc: