



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

7-26 Am*1*

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 The Abbey Coffee Co.	Telephone Number () 765	Date of Inspection (mm/dd/yr) 5/9/25	ID # 27		
Establishment Address (number and street, city, state, ZIP code) 1500 S. Western Ave. - Maywood	Establishment () Owner 461 2522				
Owner Darren Campbell	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) <hr/>	Follow-up NO	Release Date 05/09/25		
Owner's Address Same	Summary of Violations:				
Person in Charge The	<input checked="" type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> C				
Responsible Person's E-mail lmentalsallade	Menu Type (See back of page)				
Certified Food Handler lmentalsallade	1	2	3	4	5
	12/2023				

- 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”

Received by (name and title printed):

Received by (name and title pre-
Eli Gilmore

Inspected by (name and title printed)

Inspected by John Murphy 7510

Received by (signature):

Received by (sig)

Inspected by John

89

887

281