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**: ( ) Establishment; ( ) Owner 677-0905	**Date of Inspection** (*mm/dd/yr*): 7-7-25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 4970 Bennar Blvd Gas City			
Owner: Starbucks	**Purpose**: 1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**	**Release Date**: 180 days
Owner's Address: Seattle WA		**Summary of Violations**: P – PF – R	
Person in Charge: Kylie Coffman exp 4-2027			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 X 2 3 4 5	
Certified Food Handler: Kylie Coffman 4-2027			

- 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#	~~CRC~~ C	R	Narrative	To Be Corrected By
			No violations	

Received by (*name and title printed*): Kylie Coffman	Inspected by (*name and title printed*):
Received by (*signature*):	Inspected by (*signature*):

cc:	cc:	cc: