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 #9880	Telephone Number ( ) Establishment ( ) Owner 765 662-3472	Date of Inspection (mm/dd/yr): 10/9/24	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 3101 S Western Ave., Marion	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: Starbucks Corporation		Summary of Violations: C___ NC___ R___	
Owner's Address: Same			
Person in Charge: Shadelyn		Menu Type (See back of page): 1 ✓ 2 3 4 5	
Responsible Person's E-mail:			
Certified Food Handler: Servsafe Issued 4/22			

- 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
			No Violations	

Received by (*name and title printed*): Shadelyn Davis

Received by (*signature*): Shadelyn Davis

Inspected by (*name and title printed*): Angela B. McCollum

Inspected by (*signature*): Angela B. McCollum FSO

cc: | cc: | cc: