# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

| | |
|---|---|
| Release Date | 10 Days |
| No. of Risk Factor/Intervention Violations | 0 |
| No. of Repeat Risk Factor/Intervention Violations | 0 |
| Date | 9-9-26 |
| Time In | ~~Time In~~ |
| Time Out | ~~Time Out~~ # 27 |

| Establishment | Address | City/State | Zip Code | Telephone |
|---|---|---|---|---|
| Starbucks Coffee (#9880) | 3101 So Western | Marion IN | 46953 | 2065941273 |

| License/Permit # | Permit Holder | Purpose of Inspection | Est. Type | Risk Category |
|---|---|---|---|---|
| EE-2026-0006 | Starbucks Corp. | Routine | 2 | 2 |

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
**IN**=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R
**COS**=corrected on-site during inspection **R**=repeat violation

| | Compliance Status | | cos | R |
|---|---|---|---|---|
| | **Supervision** | | | |
| 1 | IN OUT N/A N/O | Person in charge present, demonstrates knowledge, and performs duties | | |
| 2 | IN OUT N/A N/O | Certified Food Protection Manager | | |
| | **Employee Health** | | | |
| 3 | IN OUT N/A N/O | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | |
| 4 | IN OUT N/A N/O | Proper use of restriction and exclusion | | |
| 5 | IN OUT N/A N/O | Procedures for responding to vomiting and diarrheal events | | |
| | **Good Hygienic Practices** | | | |
| 6 | IN OUT N/A N/O | Proper eating, tasting, drinking, or tobacco products use | | |
| 7 | IN OUT N/A N/O | No discharge from eyes, nose, and mouth | | |
| | **Preventing Contamination by Hands** | | | |
| 8 | IN OUT N/A N/O | Hands clean & properly washed | | |
| 9 | IN OUT N/A N/O | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | |
| 10 | IN OUT N/A N/O | Adequate handwashing sinks properly supplied and accessible | | |
| | **Approved Source** | | | |
| 11 | IN OUT N/A N/O | Food obtained from approved source | | |
| 12 | IN OUT N/A N/O | Food received at proper temperature | | |
| 13 | IN OUT N/A N/O | Food in good condition, safe, & unadulterated | | |
| 14 | IN OUT N/A N/O | Required records available: molluscan shellfish identification, parasite destruction | | |
| | **Protection from Contamination** | | | |
| 15 | IN OUT N/A N/O | Food separated and protected | | |
| 16 | IN OUT N/A N/O | Food-contact surfaces; cleaned & sanitized | | |

| | Compliance Status | | cos | R |
|---|---|---|---|---|
| 17 | IN OUT N/A N/O | Proper disposition of returned, previously served, reconditioned & unsafe food | | |
| | **Time/Temperature Control for Safety** | | | |
| 18 | IN OUT N/A N/O | Proper cooking time & temperatures | | |
| 19 | IN OUT N/A N/O | Proper reheating procedures for hot holding | | |
| 20 | IN OUT N/A N/O | Proper cooling time and temperature | | |
| 21 | IN OUT N/A N/O | Proper hot holding temperatures | | |
| 22 | IN OUT N/A N/O | Proper cold holding temperatures | | |
| 23 | IN OUT N/A N/O | Proper date marking and disposition | | |
| 24 | IN OUT N/A N/O | Time as a Public Health Control; procedures & records | | |
| | **Consumer Advisory** | | | |
| 25 | IN OUT N/A N/O | Consumer advisory provided for raw/undercooked food | | |
| | **Highly Susceptible Populations** | | | |
| 26 | IN OUT N/A N/O | Pasteurized foods used; prohibited foods not offered | | |
| | **Food/Color Additives and Toxic Substances** | | | |
| 27 | IN OUT N/A N/O | Food additives: approved & properly used | | |
| 28 | IN OUT N/A N/O | Toxic substances properly identified, stored, & used | | |
| | **Conformance with Approved Procedures** | | | |
| 29 | IN OUT N/A N/O | Compliance with variance/specialized process/HACCP | | |

**Risk factors** are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

| | | Compliance Status | cos | R |
|---|---|---|---|---|
| | | **Safe Food and Water** | | |
| 30 | | Pasteurized eggs used where required | | |
| 31 | | Water & ice from approved source | | |
| 32 | | Variance obtained for specialized processing methods | | |
| | | **Food Temperature Control** | | |
| 33 | | Proper cooling methods used; adequate equipment for temperature control | | |
| 34 | | Plant food properly cooked for hot holding | | |
| 35 | | Approved thawing methods used | | |
| 36 | | Thermometers provided & accurate | | |
| | | **Food Identification** | | |
| 37 | | Food properly labeled; original container | | |
| | | **Prevention of Food Contamination** | | |
| 38 | | Insects, rodents, & animals not present | | |
| 39 | | Contamination prevented during food preparation, storage & display | | |
| 40 | | Personal cleanliness | | |
| 41 | | Wiping cloths: properly used & stored | | |
| 42 | | Washing fruits & vegetables | | |

| | | Compliance Status | cos | R |
|---|---|---|---|---|
| | | **Proper Use of Utensils** | | |
| 43 | | In-use utensils: properly stored | | |
| 44 | | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | | Single-use/single-service articles: properly stored & used | | |
| 46 | | Gloves used properly | | |
| | | **Utensils, Equipment and Vending** | | |
| 47 | | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 48 | | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | | Non-food contact surfaces clean | | |
| | | **Physical Facilities** | | |
| 50 | | Hot & cold water available; adequate pressure | | |
| 51 | | Plumbing installed; proper backflow devices | | |
| 52 | | Sewage & wastewater properly disposed | | |
| 53 | | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 54 | | Garbage & refuse properly disposed; facilities maintained | | |
| 55 | | Physical facilities installed, maintained, & clean | | |
| 56 | | Adequate ventilation & lighting; designated areas used | | |

Person In Charge (Signature) Kurtis Rue Date: 9/9/26

Inspector (Signature) #510 Follow-up: YES NO (Circle one) Follow-up Date: