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~~ 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 83166	**Telephone Number** (765) Establishment (574) Owner 7273	**Date of Inspection** (mm/dd/yr) 5-29-25	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 1005 N Baldwin Ave			
Owner Starbucks Corp	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date**
Owner's Address Seattle WA	2. Follow-up	**Summary of Violations:** P — Pf — R —	
Person in Charge Cheyanna	3. Complaint		
Responsible Person's E-mail —	4. Pre-Operational		
Certified Food Handler Cheyannia McMurray exp 2027	5. Temporary	**Menu Type** (See back of page) 1 2 V 3 4 5	
	6. HACCP		
	7. Other (list) _____		

- 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*): Cheyanna McMurray

Received by (*signature*):

Inspected by (*name and title printed*): Dem Sm

Inspected by (*signature*): Dem Sm RS

cc: cc: cc: