



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 <i>McGowan Coffee</i>	Telephone Number <i>765 Establishment (677) 2479</i>	Date of Inspection <i>8-20-20</i>	ID # <i>27</i>
Establishment Address <i>4201 S. Washington St. Marion</i>		Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>IWU</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C ___ NC ___ R ___</i>	
Owner's Address <i>Same</i>		Menu Type (See back of page) <i>1 / 2 ___ 3 ___ 4 ___ 5 ___</i>	
Person in Charge <i>Bethany</i>			
Responsible Person's E-mail <i>_____</i>			
Certified Food Handler <i>N/A</i>			

- 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
			<i>- No violations -</i>	

Received by (name and title printed): <i>Bethany Kirkwood</i>	Inspected by (name and title printed): <i>Deon Small / Scott Kirkwood</i>
Received by (signature): <i>Bethany Kirkwood</i>	Inspected by (signature): <i>Deon Small / Scott Kirkwood</i>
cc:	cc: