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: Midwest Coffee CO.	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 10-29-21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1321 W Spencer Ave MARION			
Owner: Shari Boulthee	**Purpose**: 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: W 5th St	2. Follow-up	**Summary of Violations**:	
Person in Charge: Shari	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Shari Boulthee Exp 7-2024	5. Temporary 6. HACCP 7. Other (*list*) ___	1___ 2X 3___ 4___ 5___	

- 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*): Shari Boulthee

Inspected by (*name and title printed*): Scott Likens II

Received by (*signature*):

Inspected by (*signature*): Scott Likens II RS10

cc: | cc: | cc: