



**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>Midwest Coffee Roasting Co</i>	Telephone Number <i>765</i>	Date of Inspection <i>11-6-20</i>	ID # <i>27</i>
Establishment Address <i>1321 W Spencer Ave Marion</i>	Owner <i>674-2226</i>		
Owner <i>Sigari Boulthbee</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>same</i>		Summary of Violations:  <i>C ___ NC ___ R ___</i>	
Person in Charge <i>Sigari</i>		Menu Type (See back of page)	
Responsible Person's E-mail		<i>1 ___ 2 / 3 ___ 4 ___ 5 ___</i>	
Certified Food Handler <i>Sigari Boulthbee exp 7-2024</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 ON THIS INSPECTION</i>	

Received by (name and title printed): <i>PEGGY WYANT</i>	Inspected by (name and title printed): <i>Scott Kibendell</i>
Received by (signature): <i>Peggy Wyant</i>	Inspected by (signature): <i>Scott Kibendell F510</i>
cc:	cc: