



**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>765-674-7720</i>	Date of Inspection (mm/dd/yr) <i>6-19-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1321 W SPENCER AVE - MARION</i>		() Owner		
Owner <i>SHARI BOUTHBEE</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>YES</i>	Release Date <i>6-29-19</i>	
Owner's Address <i>SAME</i>		Summary of Violations: <i>CL NC R</i>		
Person in Charge <i>KATRINA SWAN</i>		Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Responsible Person's E-mail <i>N/A</i>				
Certified Food Handler <i>NEED</i>	<i>SHARI BOUTHBEE EXP 6-11-18</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>118</i>	<i>C</i>		<i>THIS FACILITY HAS LET THE CERTIFIED FOOD HANDLER EXPIRE, OUR RECORDS SHOW Exp: 6-2018 NEED PER Application By OWNER</i>	<i>ASAP IN A CLASS IN 30 days</i>
<i>6/20/19 noted</i>				

Received by (name and title printed): <i>* Katrina Swan</i>	Inspected by (name and title printed): <i>R. Val Carr - FSD</i>
Received by (signature): <i>* Katrina Swan</i>	Inspected by (signature): <i>R. Val Carr FSD</i>
cc:	cc: