



**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 <b>Π Pirates Coffee POt</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <b>10/30/21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>3 Gary Court New Carlisle, Ohio 45344</b>			
Owner <b>Josh Maynard</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>Willoween</b>	Follow-up	Release Date
Owner's Address <b>Same</b>		Summary of Violations: <b>C ___ NC ___ R ___</b>	
Person in Charge <b>Josh Maynard</b>		Menu Type (See back of page) <b>1 ✓ 2 3 4 5</b>	
Responsible Person's E-mail			
Certified Food Handler <b>NA</b>			

- 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
			<b>No violations at this time</b>	

Received by (name and title printed): <b>Evan Wright</b>	Inspected by (name and title printed): <b>Kyle Kellogg</b>
Received by (signature): <i>Evan Wright</i>	Inspected by (signature): <i>Kyle Kellogg</i>
cc:	cc: