



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>Starbucks 11503</i>	Telephone Number (<i>765</i>) Establishment <i>677-0905</i>	Date of Inspection (mm/dd/yr) <i>9-21-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4970 Banner Blvd Gos City</i>	Owner <i>Starbucks Corp.</i>	Follow-up <i>NI</i>	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 34442 Stax 2 WA</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Person in Charge <i>Mary</i>	Responsible Person's E-mail _____	Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Certified Food Handler <i>Mary Dewar 10/2017</i>	<ul style="list-style-type: none"> • 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>295</i>	<i>NC</i>		<i>The following "Non food" contact items is soiled w/ food debris etc. 1) metal stand wearers sits on 2) the front of all cooler doors out front 3) outside of hand sink around the rim</i>	<i>7-8 days</i>

Received by (name and title printed): <i>Mary Dewar</i>	Inspected by (name and title printed): <i>Dem Grant P&S</i>
Received by (signature): <i>Mary Dewar</i>	Inspected by (signature): <i>Dem Grant P&S</i>
cc:	cc: