



**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.

<b>Establishment Name</b> Starbucks 11503	<b>Telephone Number</b> Establishment (915) 677-0905	<b>Date of Inspection</b> (mm/dd/yr) 7-18-19	<b>ID #</b> 27
<b>Establishment Address (number and street, city, state, ZIP code)</b> 4970 Bearcat Blvd Lees City		<b>Follow-up</b> NO	<b>Release Date</b> 10 days
<b>Owner</b> Starbucks Corp	<b>Purpose:</b> <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	<b>Summary of Violations:</b> C <u>1</u> NC <u>2</u> R <u>1</u>	
<b>Owner's Address</b> P.O. Box 34442 - 5th Ave 2 WA	<b>Person in Charge</b> Lexy	<b>Menu Type (See back of page)</b> 1 <u>6</u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
<b>Responsible Person's E-mail</b> N/A			
<b>Certified Food Handler</b> Marilyn Dewar			

- 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
399	NC		Cueboard being used to separate - must use something easy to clean, smooth etc.	Today
295	NC	X	on North end above cooler cabinets in with plastic wrap etc	
295	C		Tongs being used stored in container w/ milk per AT the back display window	

Received by (name and title printed): Lexy Adom	Inspected by (name and title printed): Deen Smith PSTO	
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i> PSTO	
cc:	cc:	cc: