



# 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>Starbucks #61503</b>	Telephone Number <b>(765) Establishment</b>	Date of Inspection <b>(mm/dd/yr)</b>	ID #
Establishment Address (number and street, city, state, ZIP code) <b>4970 Beaver Blvd Gns City</b>	<b>(477) 0905</b>	<b>2-7-19</b>	<b>27</b>
Owner <b>Starbucks Corp.</b>	Purpose: 1. <del>Routine</del> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>No</b>	Release Date <b>10 days</b>
Owner's Address <b>P.O. Box 34442 step 2</b>		Summary of Violations: <b>C <u>1</u> NC <u>2</u> R <u>1</u></b>	
Person in Charge <b>Mary Dewar</b>		Menu Type (See back of page) <b>1 <u>12</u> 3 4 5</b>	
Responsible Person's E-mail <b>N/A</b>			
Certified Food Handler <b>Mary Dewar exp Oct 2022</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
295	NC		The following "Now food" contact items is soiled 1) Container on N end holding plastic ware 2) Counter tops to include Camel that is spilled 3) Cooler doors wiped down	to my
241	NC		Flooring to include under stuff has debris & food.	
<div style="border: 1px solid black; border-radius: 50%; padding: 20px; display: inline-block;"> <p><b>2/8/19</b> WDW</p> </div>				

Received by (name and title printed): <b>Mary Dewar</b>	Inspected by (name and title printed): <b>Dawn Swann PSPD</b>
Received by (signature): <b>Mary Dewar</b>	Inspected by (signature): <b>Dawn Swann PSPD</b>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-651-2401  
Fax: 765-651-2419

DATE: 2-7-19

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / from the Grant Co. Health Department on 2-7-19.

DATE:

Action Taken:

- 2/7/19
- Cleaned (washed, rinsed & sanitized) the container holding plastic ware. Coached partners to include cleaning container while cleaning food station.
  - Cleaned up countertops where caramel spilled and began storing caramel bottles on trays that can be rotated out and cleaned.
  - All cooler doors wiped down and partners coached to wipe doors down during slow times.
  - Floors swept and mopped underneath cupboards and counters, especially underneath front bar area and brewing station.

2/22/19

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Mary Dewar Title: Store Manager

Establishment Name: Starbucks

Address: 4970 Beamer Blvd Gas City