



**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) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>3-2-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4970 Beamer Blvd Cass City</i>	Telephone Number <i>(677) Owner 0905</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Starbucks Corp.</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C - NC 2 R -</i>	
Owner's Address <i>P.O. Box 34442 Star 2 WA</i>	2. Follow-up	Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
Person in Charge <i>Sully</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Mary Dewar exp Oct 2022</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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>wall between drive up & counter is soiled w/ liquids.</i>	<i>Today</i>	
<i>431</i>	<i>NC</i>		<i>Flooring in kitchen gr'd out front under equipment is soiled</i>	<i>(Large bracket indicating corrections for sections 295 and 431)</i>	

Received by (name and title printed): <i>Bethany Sullivan</i>	Inspected by (name and title printed): <i>Dawn Enghl P220</i>
Received by (signature): <i>Bethany Sullivan</i>	Inspected by (signature): <i>Dawn Enghl P220</i>
cc:	cc: