



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

1/29/19 WNL

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.

Form with fields for Establishment Name (Starbucks #9880), Telephone Number (768 Establishment), Date of Inspection (1-25-19), ID # (27), Establishment Address (3101 S. Western Ave Marion), Owner (Starbucks Corp), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (P.O. Box 34442 - STAX 2 WA), Person in Charge (SARUM OUM), Responsible Person's E-mail, and Certified Food Handler (SARUM OUM Exp 2-2022).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten entry: - No violations at this inspection - and X Intro to New 'Nitro' for coffee.

Signature fields for Received by (SARUM OUM), Inspected by (DEAN SMITH), Received by (signature), and Inspected by (signature).