



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 Starbucks Coffee #11503	Telephone Number 765-677-0905	Date of Inspection (mm/dd/yr) 5-13-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4970 Beaman Blvd Gre Cdy	Telephone Number Establishment 677-0905	Follow-up NO	
Owner Starbucks Corp	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Release Date 10 days	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>
Owner's Address P.O. Box 34442 Seattle WA	Person in Charge MARY DEWAR	Menu Type (See back of page) 1 X 2 3 4 5	
Responsible Person's E-mail ←	Certified Food Handler MARY 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
			NO VIOLATIONS	

Received by (name and title printed): Mary Dewar	Inspected by (name and title printed): Scott Kilcendall
Received by (signature): Mary Dewar	Inspected by (signature): Scott Kilcendall FSCO
cc:	cc:
cc:	cc: