



**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 Coffee #9880</i>	Telephone Number <i>765</i> Establishment <i>(662) Owner-3472</i>	Date of Inspection <i>5-18-21</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3101 S Western Ave Marion</i>	Owner <i>Starbucks Corporation</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>PO Box 34442, S-Tax 2 WA</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <i>NC R</i>	
Person in Charge <i>Sarum</i>		Menu Type (See back of page)  <i>1 X 2 3 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Sarum OWN Exp 2/2022</i>			

- 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	N	R	Narrative	To Be Corrected By
				<i>NO VIOLATIONS</i>	

Received by (name and title printed): <i>Sarum Own</i>	Inspected by (name and title printed): <i>Scott Kikenda II</i>
Received by (signature): <i>Sarum</i>	Inspected by (signature): <i>Scott Kikenda II FSO</i>
cc:	cc: