



**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>The Abbey Coffee</i>	Telephone Number ( <i>765</i> ) Establishment <i>674-9530</i>	Date of Inspection (mm/dd/yr) <i>6-14-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1500 S Western Ave Marion</i>	Owner <i>Darren Campbell</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner <i>Darren Campbell</i>	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations:  <i>C = NC 2 R =</i>	
Owner's Address <i>Same</i>	2. Follow-up		
Person in Charge <i>TIRZAH</i>	3. Complaint	Menu Type (See back of page)  <i>1 X 2 3 4 5</i>	
Responsible Person's E-mail <i>_____</i>	4. Pre-Operational		
Certified Food Handler <i>N/A</i>	5. Temporary		
	6. HACCP		
	7. Other (list) <i>_____</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/NC	R	Narrative	To Be Corrected By
<i>234</i>	<i>NC</i>		<i>Ice Scoop Handle laying directly on ICE in Ice machine in front prep area; must be inverted (handle)</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>oven in kitchen is soiled with food debris</i>	
			<i>* The most current license needs to be posted - 2021</i>	

Received by (name and title printed): <i>Tirzah Bannach</i>	Inspected by (name and title printed): <i>Scott Kikendall / Dean Small</i>
Received by (signature): <i>Tirzah Bannach</i>	Inspected by (signature): <i>Scott Kikendall / Dean Small</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 6/16/21

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 6-14-21.

DATE: 6/16/21 Action Taken:

Made sure ice scoop was inserted with the handle up, communicated that the rest of the team makes sure to always put it back that way.

dusted bathroom fan.

cleaned oven in kitchen.

put 2021 liscence in display frame..

Name of Respondent: Haley Struwe Title: Store Manager

Establishment Name: The Abbey Coffee Co.

Address: 1500 S. Western Ave Marion IN 46953