



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.

Form with fields: Establishment Name (MIDWEST COFFEE ROASTING CO), Telephone Number (765) Establishment (678-7220), Date of Inspection (10/30/19), ID # (27), Owner (SHARI BOUTHEE), Purpose (1. Routine, 2. Follow-up), Follow-up (NO), Release Date (11/9/19), Owner's Address (1321 W SPENCER AVE - MARION), Person in Charge (PEGGY WYANT), Responsible Person's E-mail (N/A), Certified Food Handler (SHARI BOUTHEE EXP 7-18-24), Summary of Violations (C \_\_ NC \_\_ R \_\_), Menu Type (1 \_\_ 2 X 3 \_\_ 4 \_\_ 5 \_\_)

- 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 text: NO VIOLATIONS AT THIS INSPECTION

Received by (name and title printed): PEGGY WYANT; Inspected by (name and title printed): R Dale CARR - FSDO; Received by (signature): Peggy Wyant; Inspected by (signature): R Dale Car - FSDO; cc: fields