



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 Jumping Bean	Telephone Number (330) 316-8077	Date of Inspection (mm/dd/yr) 1-30-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1846 So. Main St.; Upland			
Owner All Food Systems	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up NO	Release Date 10 Days
Owner's Address Same	Summary of Violations: C NC R		
Person in Charge Don	Menu Type (See back of page)		
Responsible Person's E-mail <hr/>			
Certified Food Handler TH	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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"

Received by *[name]*, and title printed in

Inspected by (name and title printed):

Received by (signature):

Inspected (and signature):

CC

CC:

CC: