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** ( ) Establishment (330) Owner 316-8077	**Date of Inspection** *(mm/dd/yr)* 2/28/24	**ID #** 07
Establishment Address *(number and street, city, state, ZIP code)* 1846 S Main St			
Owner AVI Food Systems	**Purpose:** ~~1.~~ Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Sean			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler Beth			

- 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
175	NC		Apples Must be wrapped	Today
245	NC		Wiping Cloth Stored outside of Sanitizer bucket	Corrected

Received by (*name and title printed*): Sean Wojtkowski	Inspected by (*name and title printed*): April Legare Dem Sanitarian
Received by (*signature*): Sean Wojtkowski	Inspected by (*signature*): April Legare

cc:	cc:	cc: