



**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>Jumping Bean Coffee LLC</i>	Telephone Number <i>765 Establishment</i>	Date of Inspection (mm/dd/yr) <i>1-21-22</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>236 W Rende Ave Upland</i>	Owner <i>667-7608</i>	Follow-up <i>no</i>	Release Date <i>10 days</i>
Owner <i>Anthony Mangano</i>	Purpose: <u>1. Routine</u>	Summary of Violations:  C <u>  </u> NC <u>  </u> R <u>  </u>	
Owner's Address <i>617 Sherman Blvd</i>	2. Follow-up		
Person in Charge	3. Complaint	Menu Type (See back of page)  1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>N/A</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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>no violations</i>	

Received by (name and title printed): <i>no one present to sign</i>	Inspected by (name and title printed): <i>Scott K Kendall</i>
Received by (signature):	Inspected by (signature): <i>Scott Kendall FSIO</i>
cc:	cc: