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-~~21~~ 26, 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 - Taylor University	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr): 2-4-2026	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 1846 S. Main St.			
Owner: AVI Food Systems	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: No	Release Date:
Owner's Address: Wabash OH		Summary of Violations: P – ~~PF~~ – C R –	
Person in Charge: Sean			
Responsible Person's E-mail: —		Menu Type (See back of page): 1 N 2 3 4 5	
Certified Food Handler: Sean Wojtkowski			

- 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#	~~CAC~~	R	Narrative	To Be Corrected By
			No violations	

Received by (name and title printed): Sean Wojtkowski.	Inspected by (name and title printed): Dean Fox
Received by (signature): Sean Wojtkowski	Inspected by (signature): Dean Fox RSTS
cc:	cc:
cc:	