



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

9-3-25

Date

No. of Risk Factor/Intervention Violations

0

Time In

Time Out

No. of Repeat Risk Factor/Intervention Violations

0

Establishment

Address

City/State

Zip Code

Telephone

Jumping Bean

236 Rende Ave

Upland

46989

License/Permit #

Permit Holder

Purpose of Inspection

Est. Type

Risk Category

2025-182

AVI Taylor

Routine

4

4

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status

COS R

Supervision

1 ☒ IN ☐ OUT ☐ N/A ☐ N/O Person in charge present, demonstrates knowledge, and performs duties

2 ☒ IN ☐ OUT ☐ N/A ☐ N/O Certified Food Protection Manager

Employee Health

3 ☒ IN ☐ OUT ☐ N/A ☐ N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting

4 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper use of restriction and exclusion

5 ☒ IN ☐ OUT ☐ N/A ☐ N/O Procedures for responding to vomiting and diarrheal events

Good Hygienic Practices

6 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper eating, tasting, drinking, or tobacco products use

7 ☒ IN ☐ OUT ☐ N/A ☐ N/O No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

8 ☒ IN ☐ OUT ☐ N/A ☐ N/O Hands clean & properly washed

9 ☒ IN ☐ OUT ☐ N/A ☐ N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed

10 ☒ IN ☐ OUT ☐ N/A ☐ N/O Adequate handwashing sinks properly supplied and accessible

Approved Source

11 ☒ IN ☐ OUT ☐ N/A ☐ N/O Food obtained from approved source

12 ☒ IN ☐ OUT ☐ N/A ☐ N/O Food received at proper temperature

13 ☒ IN ☐ OUT ☐ N/A ☐ N/O Food in good condition, safe, & unadulterated

14 ☒ IN ☐ OUT ☐ N/A ☐ N/O Required records available: molluscan shellfish identification, parasite destruction

Protection from Contamination

15 ☒ IN ☐ OUT ☐ N/A ☐ N/O Food separated and protected

16 ☒ IN ☐ OUT ☐ N/A ☐ N/O Food-contact surfaces; cleaned & sanitized

Compliance Status

COS R

17 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper disposition of returned, previously served, reconditioned & unsafe food

Time/Temperature Control for Safety

18 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper cooking time & temperatures

19 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper reheating procedures for hot holding

20 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper cooling time and temperature

21 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper hot holding temperatures

22 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper cold holding temperatures

23 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper date marking and disposition

24 ☒ IN ☐ OUT ☐ N/A ☐ N/O Time as a Public Health Control; procedures & records

Consumer Advisory

25 ☒ IN ☐ OUT ☐ N/A ☐ N/O Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26 ☒ IN ☐ OUT ☐ N/A ☐ N/O Pasteurized foods used; prohibited foods not offered

Food/Color Additives and Toxic Substances

27 ☒ IN ☐ OUT ☐ N/A ☐ N/O Food additives: approved & properly used

28 ☒ IN ☐ OUT ☐ N/A ☐ N/O Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29 ☒ IN ☐ OUT ☐ N/A ☐ N/O Compliance with variance/specialized process/HACCP

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

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R=repeat violation

Compliance Status

COS R

Safe Food and Water

30 ☒ IN ☐ OUT ☐ N/A ☐ N/O Pasteurized eggs used where required

31 ☒ IN ☐ OUT ☐ N/A ☐ N/O Water & ice from approved source

32 ☒ IN ☐ OUT ☐ N/A ☐ N/O Variance obtained for specialized processing methods

Food Temperature Control

33 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper cooling methods used; adequate equipment for temperature control

34 ☒ IN ☐ OUT ☐ N/A ☐ N/O Plant food properly cooked for hot holding

35 ☒ IN ☐ OUT ☐ N/A ☐ N/O Approved thawing methods used

36 ☒ IN ☐ OUT ☐ N/A ☐ N/O Thermometers provided & accurate

Food Identification

37 ☒ IN ☐ OUT ☐ N/A ☐ N/O Food properly labeled; original container

Prevention of Food Contamination

38 ☒ IN ☐ OUT ☐ N/A ☐ N/O Insects, rodents, & animals not present

39 ☒ IN ☐ OUT ☐ N/A ☐ N/O Contamination prevented during food preparation, storage & display

40 ☒ IN ☐ OUT ☐ N/A ☐ N/O Personal cleanliness

41 ☒ IN ☐ OUT ☐ N/A ☐ N/O Wiping cloths: properly used & stored

42 ☒ IN ☐ OUT ☐ N/A ☐ N/O Washing fruits & vegetables

Compliance Status

COS R

Proper Use of Utensils

43 ☒ IN ☐ OUT ☐ N/A ☐ N/O In-use utensils: properly stored

44 ☒ IN ☐ OUT ☐ N/A ☐ N/O Utensils, equipment & linens: properly stored, dried, & handled

45 ☒ IN ☐ OUT ☐ N/A ☐ N/O Single-use/single-service articles: properly stored & used

46 ☒ IN ☐ OUT ☐ N/A ☐ N/O Gloves used properly

Utensils, Equipment and Vending

47 ☒ IN ☐ OUT ☐ N/A ☐ N/O Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48 ☒ IN ☐ OUT ☐ N/A ☐ N/O Warewashing facilities: installed, maintained, & used; test strips

49 ☒ IN ☐ OUT ☐ N/A ☐ N/O Non-food contact surfaces clean

Physical Facilities

50 ☒ IN ☐ OUT ☐ N/A ☐ N/O Hot & cold water available; adequate pressure

51 ☒ IN ☐ OUT ☐ N/A ☐ N/O Plumbing installed; proper backflow devices

52 ☒ IN ☐ OUT ☐ N/A ☐ N/O Sewage & wastewater properly disposed

53 ☒ IN ☐ OUT ☐ N/A ☐ N/O Toilet facilities: properly constructed, supplied, & cleaned

54 ☒ IN ☐ OUT ☐ N/A ☐ N/O Garbage & refuse properly disposed; facilities maintained

55 ☒ IN ☐ OUT ☐ N/A ☐ N/O Physical facilities installed, maintained, & clean

56 ☒ IN ☐ OUT ☐ N/A ☐ N/O Adequate ventilation & lighting; designated areas used

Person in Charge (Signature)

Date:

9-3-25

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date: