



TEMPORARY EVENT INSPECTION REPORT

State Form 22116 (R10 / 4-25)

SDH Form 51-0001

Indiana Department of Health

Telephone (317) 233-1974

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Based on an Inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, 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 <i>The Java Coop</i>	Telephone Number <i>574 298 0586</i>	Date of Inspection <i>11-15-25</i>	ID Number <i>27</i>
Establishment Address (number and street, city, state, and ZIP code) <i>4493 E. 900 North, Manchester</i>	Establishment () _____	Owner () _____	Follow-up <i>NO</i>
Owner <i>Traci Garcia</i>	Owner () _____	Release Date (mm/dd/yy) <i>10 Days</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input checked="" type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) <i>Voluntary</i>
Owner's Address (number and street, city, state, and ZIP code) <i>Same</i>	Person in Charge <i>Traci</i>	Summary of Violations: <i>P _____ Pf _____ C _____ R _____</i>	Menu Type (See back of page.) <i>1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____</i>
Responsible Person's E-mail <i>Traci.Garcia@christmasmarket.com</i>	Certified Food Handler <i>Traci Garcia</i>		
<p>• PRIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P".</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".</p>			
Section#	P/Pf/C	R	Narrative
			<i>No Violations</i>
Received by (name and title printed): <i>Traci Garcia</i>	Inspected by (name and title printed): <i>Stephanie McCallum FS10</i>		
Received by (signature): <i>Traci Garcia</i>	Inspected by (signature): <i>Stephanie McCallum FS10</i>		
CC:	CC:	CC:	