



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.

Form with fields for Establishment Name (Imaging Beans), Address (236 Reade Ave Upland), Owner (Anthony Manganello), Person in Charge (Victoria MacDonald), and Purpose (Routine).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 29.5, C, Coffee cup holding wood stir sticks is soiled at the bottom. To be corrected by Tony.

Received by (name and title printed): Victoria MacDonald; Inspected by (name and title printed): Dawn Smith FST; Received by (signature); Inspected by (signature).

cc: fields for additional recipients.

## GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419

DATE: 9/27/19

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer  
R. Dale Carr-FSIO / ~~Traci Little~~-FSIO from the Grant Co. Health Department on 9-19-19.

DATE:                      Action Taken:

9/19/19 - Created new procedure to place the stir sticks holder  
in the dishwasher at closing each day. This procedure was  
communicated to all employees and written into the manual.

Name of Respondent: Tommy Maneganello Title: Owner

Establishment Name: Jumping Bean Coffee LLC

Address: 236 W. Reade Ave, Upland, IN 46989