



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>Jumpy's Bean LLC</i>	Telephone Number <i>765</i> Establishment () Owner	Date of Inspection (mm/dd/yr) <i>8-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>236 W Reade Ave Upland</i>		Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Tony Maganelka</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input 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)	Summary of Violations: <i>C _ NC _ R _</i>	
Owner's Address		Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
Person in Charge <i>Annika Nord</i>			
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler			

- 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 at this inspection -</i>	

Received by (name and title printed): <i>Annika Nord</i>	Inspected by (name and title printed): <i>DEAN Small FSD</i>
Received by (signature): <i>Annika Nord</i>	Inspected by (signature): <i>Dean Small FSD</i>
cc:	cc: