



**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 J & L BREAKFAST HOUSE	Telephone Number (765) 677-8323	Date of Inspection (mm/dd/yr) 7-25-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 601 W 38th St. MARION	() Owner	Follow-up NO	Release Date 8-4-19
Owner SONJA DAVIS	Purpose: Routine	Summary of Violations: C 1 NC 3 R 1	
Owner's Address 715 W 6th Apt 1 MARION	2. Follow-up	Menu Type (See back of page)	
Person in Charge SONJA DAVIS	3. Complaint	1 2 3 X 4 5	
Responsible Person's E-mail SONJA D N/A	4. Pre-Operational		
Certified Food Handler LISA BOSWORTH 7-15-15	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
136	C		PERSONAL DRINKS (3) setting on prep table, (1) IN REFRIGERATOR (ARTIC AIR)	TODAY
245	NC		SEVERAL SOILED WIPING CLOTHS setting on prep tables ECT.	TODAY
295	NC		THE HANDLES OF ALL REFRIGERATORS / COOLERS SOILED WITH food debris, ALSO THE ICE MACHINE HAS A DARK RESIDUE ON SKID plate ICE SLIDES	TODAY
138	NC	X	2 employees in kitchen preparing food and dishwashing WITHOUT BEARD GUARDS	Corrected

Received by (name and title printed): X Sonja Davis OWNER	Inspected by (name and title printed): Rick Gen - FSTU
Received by (signature): X Sonja Davis	Inspected by (signature): Rick Gen - FSTU
cc:	cc:

Grant County Health Department

Phone 765-651-2401 ext 110
Fax 765-651-2419

Date: 8-9-19

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

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

The following is my response to the inspection report prepared by your agency's representative R DALE CARR on 7-25-19,

DATE ACTION TAKEN

8-9-19 - #136 put drinks @ lowest level
8-19-19 #245 put all towels in bucket
8-19-19 #295 wiped all handles daily
8-19-19 #138 beard guards are worn daily

Name Sonya Davis Title Owner
Establishment J & L Breakfast House
Address 601 W. 38th Marion, 46953