



**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 <b>J &amp; L BREAKFAST HOUSE</b>	Telephone Number <b>765 677 8323</b>	Date of Inspection (mm/dd/yr) <b>7-25-19</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>601 W 38th St. MARION</b>	( ) Owner		
Owner <b>SONJA DAVIS</b>	Purpose: <input checked="" type="radio"/> Routine	Follow-up <b>NO</b>	Release Date <b>8-4-19</b>
Owner's Address <b>715 W 6th Apt 1 MARION</b>	2. Follow-up	Summary of Violations: <b>C 1 NC 3 R 1</b>	
Person in Charge <b>SONJA DAVIS</b>	3. Complaint		
Responsible Person's E-mail <b>SONJA D NIA</b>	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <b>LISA BOSWORTH 7-15-15</b>	5. Temporary	1 2 3 <b>X</b> 4 5	
	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): <b>X Sonja Davis OWNER</b>	Inspected by (name and title printed): <b>Rylee Lu - FSTO</b>
Received by (signature): <b>X Sonja Davis</b>	Inspected by (signature): <b>Rylee Lu - FSTO</b>
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