



**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>J & L Breakfast House</i>	Telephone Number (<i>768</i>) Establishment (<i>677</i>) Owner <i>8323</i>	Date of Inspection (mm/dd/yr) <i>5-20-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>601 W 38th St Marion</i>	Owner <i>Sonja Davis</i>	Follow-up <i>10 days</i>	Release Date <i>10 days</i>
Owner's Address <i>1507 4th</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 2 R 1</i>	
Person in Charge <i>Tonya</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Erin Armfield exp July 2025</i>			

- 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/N/C	R	Narrative	To Be Corrected By
295	NC		Following "Non Food" Contact items is soiled w/ old food and or dark residue 1) All refrigs inside and at bottom and freezers 2) Handles on coolers / freezers 3) Top of magic chef frig.	Today
310	NC		Hand system above grill needs cleaned	ASAP
295	C		Manual can opener to include blade is soiled	Today
295	C	X	Flap at ice machine has rust residue on it	

Received by (name and title printed): <i>Tonya Updegraff</i>	Inspected by (name and title printed): <i>Dean Smith PEO</i>
Received by (signature): <i>Tonya Updegraff</i>	Inspected by (signature): <i>Dean Smith PEO</i>
cc:	cc: