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~~ 26, 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	**Telephone Number**: (765) Establishment (677-) Owner 0366	**Date of Inspection** (*mm/dd/yr*): 7-23-25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 601 W 38th St			
Owner: Lea & Judy Fenwick	**Purpose:** ~~1.~~ Routine	**Follow-up**: NO	**Release Date**
Owner's Address: Marion	2. Follow-up	**Summary of Violations:** P — — — R	
Person in Charge: Judy	3. Complaint		
Responsible Person's E-mail: —	4. Pre-Operational		
Certified Food Handler: Rita Williams Dec 2 2025	5. Temporary	**Menu Type** (*See back of page*): 1 2 3 X 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~~	R	Narrative	To Be Corrected By
			No Violations	

Received by (*name and title printed*):	Inspected by (*name and title printed*): Dean Snow
Received by (*signature*): Judy Fenwick	Inspected by (*signature*): Dean Snow PSIO
cc:	cc:
	cc: