



**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 Little Jay's Pub	Telephone Number 765	Date of Inspection (mm/dd/yr) 03-23	ID # 27
Establishment Address (number and street, city, state, ZIP code) 309 N Butler Ave MARION	Establishment 668-7775		
Owner TWA Lewis	Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up NO	Release Date 10 days
Owner's Address 115 S HERBERT DR	<input type="radio"/> 2. Follow-up	Summary of Violations: C 1 NC 1 R 1	
Person in Charge James	<input type="radio"/> 3. Complaint		
Responsible Person's E-mail	<input type="radio"/> 4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler Kara Gladfetter Exp 2-2026	<input type="radio"/> 5. Temporary	1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
<input type="radio"/> 6. HACCP			
<input type="radio"/> 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/N/C	R	Narrative	To Be Corrected By
191	C		1 container of cheese slices 1 container of mayo? 1 container of pickles 1 Bag of lettuce NO DATE MARKING	TODAY
176	NC	X	Freezer in back by ice machine has ice build up and touching food	

Received by (name and title printed): James Lewis Manager	Inspected by (name and title printed): Scott K Kendall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i> FS/10
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 3-7-23

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

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

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 3-7-23.

DATE:	Action Taken:
<u>3/7/23</u>	<u>Went through checked all date dots threw away what wasn't dated</u>
<u>3/7/23</u>	<u>Removed all items from freezer and did a total defrost of it.</u>

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: James Lewis Title: Manager

Establishment Name: Little Jay's Pub

Address: 309 N Buttler Ave, Marion IN 46952