

**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 57480 (R2 / 4-25)

INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

10 days

Date

No. of Risk Factor/Intervention Violations

2

Time In

No. of Repeat Risk Factor/Intervention
Violations

0

Time Out

Establishment

J & L Breakfast

Address

661 W 38th St

City/State

Marian IN

Zip Code

46953

Telephone

677-0366

License/Permit #

2026-0317

Permit Holder

Judy Fenwick

Purpose of Inspection

Routine

Est. Type

3

Risk Category

3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Time/Temperature Control for Safety			
1	IN OUT N/A N/O			17	IN OUT N/A N/O		
Person in charge present, demonstrates knowledge, and performs duties				Proper disposition of returned, previously served, reconditioned & unsafe food			
2	IN OUT N/A N/O			Time/Temperature Control for Safety			
Certified Food Protection Manager				18	IN OUT N/A N/O		
Employee Health				Proper cooking time & temperatures			
3	IN OUT N/A N/O			19	IN OUT N/A N/O		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper reheating procedures for hot holding			
4	IN OUT N/A N/O			20	IN OUT N/A N/O		
Proper use of restriction and exclusion				Proper cooling time and temperature			
5	IN OUT N/A N/O			21	IN OUT N/A N/O		
Procedures for responding to vomiting and diarrheal events				Proper hot holding temperatures			
Good Hygienic Practices				22	IN OUT N/A N/O		
6	IN OUT N/A N/O			Proper cold holding temperatures			
Proper eating, tasting, drinking, or tobacco products use				23	IN OUT N/A N/O		
7	IN OUT N/A N/O			Proper date marking and disposition			
No discharge from eyes, nose, and mouth				24	IN OUT N/A N/O		
Preventing Contamination by Hands				Time as a Public Health Control; procedures & records			
8	IN OUT N/A N/O			Consumer Advisory			
Hands clean & properly washed				25	IN OUT N/A N/O		
9	IN OUT N/A N/O			Consumer advisory provided for raw/undercooked food			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Highly Susceptible Populations			
10	IN OUT N/A N/O			26	IN OUT N/A N/O		
Adequate handwashing sinks properly supplied and accessible				Pasteurized foods used; prohibited foods not offered			
Approved Source				Food/Color Additives and Toxic Substances			
11	IN OUT N/A N/O			27	IN OUT N/A N/O		
Food obtained from approved source				Food additives: approved & properly used			
12	IN OUT N/A N/O			28	IN OUT N/A N/O		
Food received at proper temperature				Toxic substances properly identified, stored, & used			
13	IN OUT N/A N/O			Conformance with Approved Procedures			
Food in good condition, safe, & unadulterated				29	IN OUT N/A N/O		
14	IN OUT N/A N/O			Compliance with variance/specialized process/HACCP			
Required records available: molluscan shellfish identification, parasite destruction				Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
Protection from Contamination							
15	IN OUT N/A N/O						
Food separated and protected							
16	IN OUT N/A N/O						
Food-contact surfaces; cleaned & sanitized							

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30				43			
Pasteurized eggs used where required				In-use utensils: properly stored			
31				44	X		
Water & ice from approved source				Utensils, equipment & linens: properly stored, dried, & handled			
32				45			
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used			
Food Temperature Control				46			
33				Gloves used properly			
Proper cooling methods used; adequate equipment for temperature control				Utensils, Equipment and Vending			
34				47			
Plant food properly cooked for hot holding				Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
35				48			
Approved thawing methods used				Warewashing facilities: installed, maintained, & used; test strips			
36				49			
Thermometers provided & accurate				Non-food contact surfaces clean			
Food Identification				Physical Facilities			
37				50			
Food properly labeled; original container				Hot & cold water available; adequate pressure			
Prevention of Food Contamination				51			
38				Plumbing installed; proper backflow devices			
Insects, rodents, & animals not present				52			
39				Sewage & wastewater properly disposed			
Contamination prevented during food preparation, storage & display				53			
40				Toilet facilities: properly constructed, supplied, & cleaned			
Personal cleanliness				54			
41				Garbage & refuse properly disposed; facilities maintained			
Wiping cloths: properly used & stored				55			
42				Physical facilities installed, maintained, & clean			
Washing fruits & vegetables				56			
				Adequate ventilation & lighting; designated areas used			

Person In Charge (Signature)

Date:

3-5-2026

Inspector (Signature)

Follow-up: YES (NO) (Circle one)

Follow-up Date:

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

2026-0317
License/Permit #

Date 3-5-2021

Establishment

Address

City/State

Zip Code

Telephone

I & L Breakfast

60/ W 38TH ST

MARION

46953

677-0346

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance

N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status

COS	R
-----	---

Compliance Status

COS	R
-----	---

57	IN OUT N/A N/O	Outdoor Food Operation
----	----------------	------------------------

58	IN OUT N/A N/O	Mobile Retail Food Establishment
----	----------------	----------------------------------

TEMPERATURE OBSERVATIONS

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: