



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>Little Jaybo's Pub</i>	Telephone Number <i>765-477-1775</i>	Date of Inspection <i>4-7-28</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>309 N Butler</i>			
Owner <i>Tina Lewis</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>_____</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Summary of Violations: <i>C 1 NC - R -</i>		
Person in Charge <i>Traci</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Responsible Person's E-mail <i>Nikki Hogan epx 10-2028</i>			
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>			
Section#	C/NC	R	Narrative
295	C		<i>Tongs hanging on side of fryer - soiled Need to place/hang in different location</i>
			<i>New food truck (PQ)</i>
Received by (name and title printed): <i>Jacquelyn Perry</i>	Inspected by (name and title printed): <i>Debra Sosby</i>		
Received by (signature): <i>Jacquelyn Perry</i>	Inspected by (signature): <i>Debra Sosby FSTJ</i>		
cc:	cc:	cc:	cc: