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 Jax Cafe	**Telephone Number** (Tel) Establishment / Owner 317 416 5225	**Date of Inspection** (mm/dd/yr) 6-14-21	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 3902 S. Washington St Marion			
Owner Jack Gardener	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C — NC 2 R —	
Person in Charge Jack			
Responsible Person's E-mail N/A		**Menu Type** (See back of page) 1 ___ 2 X 3 ___ 4 ___ 5 ___	
Certified Food Handler Jack Gardner			

- 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/NC	R	Narrative	To Be Corrected By
298	NC		microwave oven in kitchen is heavily soiled with food debris	Today
295	NC		The oven in kitchen is soiled with dried food debris	

Received by (name and title printed): JOHN R. GARDNER	Inspected by (name and title printed): Scott Kikendall / Dean Small
Received by (signature): [signature]	Inspected by (signature): Scott Kikendall / [signature]
cc:	cc: