



**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 Jays Thai MARION, INC	Telephone Number 765 Establishment (573-6630) Owner	Date of Inspection (mm/dd/yr) 8-25-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1420 S Western Ave Marion	Owner Jacqueline May	Follow-up NO	Release Date 10 days
Owner's Address PO BOX 12 OAKFORD IN	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input checked="" type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: C <u> </u> NC <u>/</u> R <u> </u>	
Person in Charge Mickey May	Responsible Person's E-mail _____	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Certified Food Handler Jacqueline May ISS 8-26-2020			

- 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
295	NC		metal well behind oven has food debris throughout	today
			In cooler - first in - first out and items must be date marked	

Received by (name and title printed): Mickey Allen May	Inspected by (name and title printed): Scott Kikendall ASFO
Received by (signature): 	Inspected by (signature):
cc:	cc: