



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.

Form header section containing fields for Establishment Name, Telephone Number, Date of Inspection, ID #, Owner, Purpose, Follow-up, Release Date, Person in Charge, Responsible Person's E-mail, and Certified Food Handler.

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten entries for violations such as 'In cooler - no date marking on cut veggies' and 'Handle on microwave is soiled'.

Signature section with fields for Received by (name and title printed), Inspected by (name and title printed), Received by (signature), and Inspected by (signature).

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 11-9-21

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 11-8-21.

DATE: 11/9/21 Action Taken:
- stickers w/ dates on cut veggies
- all soiled items cleaned
- sanitizer buckets placed for wash cloths

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

Name of Respondent: Jacqueline May Title: Owner

Establishment Name: Jays Thai Marion Inc

Address: 1420 S Western Ave Marion 46953