



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 with fields: Establishment Name (Muay Thai Mobile Kitchen), Telephone Number (317-340-3471), Date of Inspection (10/5/19), ID # (27), Establishment Address (4721 Falcon Grove Drive Indianapolis, In 46354), Owner (Kesorn Phutawon), Purpose (6. HACCP), Follow-up (1), Release Date, Summary of Violations (C), Menu Type (3 X 4 5), Responsible Person's E-mail (Mcross227@yahoo.com), Certified Food Handler (John Askren).

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: C, NEED FIRE EXTINGUISHER FOR USE ON GREASE (K CLASS)

Received by (name and title printed): X Mary Cross; Inspected by (name and title printed): [Signature] - FSD; Received by (signature): X Mary Cross; Inspected by (signature): [Signature] FSD; cc: [blank]