



**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 <u>Jay Thai</u>	Telephone Number ( <u>765</u> ) Establishment <u>373-6630</u> ( ) Owner	Date of Inspection (mm/dd/yr) <u>5/13/23</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1420 S. Western AVE Marion IN</u>		Follow-up	Release Date
Owner <u>Jacqueline May</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <u>C1 NC3 R1</u>	
Owner's Address <u>Kokomo Indiana</u>		Menu Type (See back of page)	
Person in Charge <u>SAME</u>		1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </u> 5 <u>  </u>	
Responsible Person's E-mail <u>JaysthaiMarion@gmail.com</u>			
Certified Food Handler <u>Jacqueline May Exp 10/2025</u>			

• 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
<u>343</u>	<u>C</u>		<u>Hand sink has food debris dried around the edges "Hand sink only"</u>	
<u>310</u>	<u>NC</u>	<u>X</u>	<u>Hood system vent heavily soiled with Grease</u>	
<u>281</u>	<u>NC</u>		<u>Wanewash machine did not deliver detergents and sanitizer during cycle</u>	
<u>430</u>	<u>NC</u>		<u>Food/Grease build up on floors to include corners and under eqpt.</u>	

Received by (name and title printed): <u>Jacqueline May</u>	Inspected by (name and title printed): <u>Kyle Kellogg Food Inspector</u>
Received by (signature): 	Inspected by (signature): 
cc:	cc:

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5-20-23

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 5-13-23.

DATE:	Action Taken:
<u>5-13-23</u>	<u>Replaced soiled filters on hood system.</u>
<u>5-13-23</u>	<u>Sign on space SMK "NOT for hand washing"</u>
<u>5-15-23</u>	<u>Cleaned floor corners + under equipment</u>
<u>5-19-23</u>	<u>Ecobk tech fixed chemical wiring. Strip test purple</u>

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

Name of Respondent: Jacqueline May Title: Owner

Establishment Name: Says Thai Marion Inc

Address: 1420 S Western Ave

Attach additional sheets as needed.