



# Retail Food Establishment Inspection Report

State Form 57480

**INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION**

Release Date:

10/18/2026

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations

2

Date: 10/08/2026

Time In 11:20 am

No. Repeat Risk Factor/Intervention Violations

1

Time Out 11:57 am

Establishment

Thai Mama Restaurant

Address

9655 E US Hwy 36 Ste I

City/State

Avon/IN

Zip Code

46123

Telephone

317-294-9935

License/Permit #

2644

Permit Holder

TJ and Sons LLC

Purpose of Inspection

Routine

Est Type

Retail Food Establishment

Risk Category

3

Certified Food Manager

Paranee Paulius

ServSafe

Exp.

10/02/2029

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN-in compliance

OUT-not in compliance

N/O-not observed

N/A-not applicable

COS-corrected on-site during inspection

R-repeat violation

Compliance Status

COS

R

Compliance Status

COS

R

**Supervision**

|   |    |                                                                       |  |  |
|---|----|-----------------------------------------------------------------------|--|--|
| 1 | IN | Person-in-charge present, demonstrates knowledge, and performs duties |  |  |
| 2 | IN | Certified Food Protection Manager                                     |  |  |

**Employee Health**

|   |    |                                                                                               |  |  |
|---|----|-----------------------------------------------------------------------------------------------|--|--|
| 3 | IN | Management, food employee and conditional employee; knowledge, responsibilities and reporting |  |  |
| 4 | IN | Proper use of restriction and exclusion                                                       |  |  |
| 5 | IN | Procedures for responding to vomiting and diarrheal events                                    |  |  |

**Good Hygienic Practices**

|   |    |                                                           |  |  |
|---|----|-----------------------------------------------------------|--|--|
| 6 | IN | Proper eating, tasting, drinking, or tobacco products use |  |  |
| 7 | IN | No discharge from eyes, nose, and mouth                   |  |  |

**Preventing Contamination by Hands**

|    |    |                                                                                             |  |  |
|----|----|---------------------------------------------------------------------------------------------|--|--|
| 8  | IN | Hands clean & properly washed                                                               |  |  |
| 9  | IN | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed |  |  |
| 10 | IN | Adequate handwashing sinks properly supplied and accessible                                 |  |  |

**Approved Source**

|    |     |                                                                                      |  |  |
|----|-----|--------------------------------------------------------------------------------------|--|--|
| 11 | IN  | Food obtained from approved source                                                   |  |  |
| 12 | N/O | Food received at proper temperature                                                  |  |  |
| 13 | IN  | Food in good condition, safe, & unadulterated                                        |  |  |
| 14 | N/A | Required records available: molluscan shellfish identification, parasite destruction |  |  |

**Protection from Contamination**

|    |     |                                            |   |  |
|----|-----|--------------------------------------------|---|--|
| 15 | IN  | Food separated and protected               |   |  |
| 16 | OUT | Food-contact surfaces; cleaned & sanitized | X |  |

|    |    |                                                                                |  |  |
|----|----|--------------------------------------------------------------------------------|--|--|
| 17 | IN | Proper disposition of returned, previously served, reconditioned & unsafe food |  |  |
|----|----|--------------------------------------------------------------------------------|--|--|

**Time/Temperature Control for Safety**

|    |     |                                                       |  |  |
|----|-----|-------------------------------------------------------|--|--|
| 18 | N/O | Proper cooking time & temperatures                    |  |  |
| 19 | N/O | Proper reheating procedures for hot holding           |  |  |
| 20 | N/O | Proper cooling time and temperature                   |  |  |
| 21 | IN  | Proper hot holding temperatures                       |  |  |
| 22 | IN  | Proper cold holding temperatures                      |  |  |
| 23 | IN  | Proper date marking and disposition                   |  |  |
| 24 | N/A | Time as a Public Health Control; procedures & records |  |  |

**Consumer Advisory**

|    |    |                                                     |  |  |
|----|----|-----------------------------------------------------|--|--|
| 25 | IN | Consumer advisory provided for raw/undercooked food |  |  |
|----|----|-----------------------------------------------------|--|--|

**Highly Susceptible Populations**

|    |     |                                                      |  |  |
|----|-----|------------------------------------------------------|--|--|
| 26 | N/A | Pasteurized foods used; prohibited foods not offered |  |  |
|----|-----|------------------------------------------------------|--|--|

**Food/Color Additives and Toxic Substances**

|    |    |                                                      |  |  |
|----|----|------------------------------------------------------|--|--|
| 27 | IN | Food additives: approved & properly used             |  |  |
| 28 | IN | Toxic substances properly identified, stored, & used |  |  |

**Conformance with Approved Procedures**

|    |     |                                                    |  |  |
|----|-----|----------------------------------------------------|--|--|
| 29 | N/A | Compliance with variance/specialized process/HACCP |  |  |
|----|-----|----------------------------------------------------|--|--|

**Risk factors** are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Person in Charge Paranee Paulius/ Majtra Wilson

Date: 10/08/2026

Inspector: SARAH DALLAS

Follow-up Required:

YES

**NO**

(Circle one)



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Telephone (317) 745-9217License/Permit #  
2644Date:  
10/08/2026Establishment  
Thai Mama RestaurantAddress  
9655 E US Hwy 36 Ste ICity/State  
Avon/INZip Code  
46123Telephone  
317-294-9935**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in appropriate box for COS and/or R

COS-corrected on-site during inspection

R-repeat violation

COS R

COS R

**Safe Food and Water**

|    |     |                                                      |  |  |
|----|-----|------------------------------------------------------|--|--|
| 30 | N/A | Pasteurized eggs used where required                 |  |  |
| 31 | IN  | Water & ice from approved source                     |  |  |
| 32 | N/A | Variance obtained for specialized processing methods |  |  |

**Food Temperature Control**

|    |    |                                                                         |  |  |
|----|----|-------------------------------------------------------------------------|--|--|
| 33 | IN | Proper cooling methods used; adequate equipment for temperature control |  |  |
| 34 | IN | Plant food properly cooked for hot holding                              |  |  |
| 35 | IN | Approved thawing methods used                                           |  |  |
| 36 | IN | Thermometers provided & accurate                                        |  |  |

**Food Identification**

|    |    |                                           |  |  |
|----|----|-------------------------------------------|--|--|
| 37 | IN | Food properly labeled; original container |  |  |
|----|----|-------------------------------------------|--|--|

**Prevention of Food Contamination**

|    |    |                                                                    |  |  |
|----|----|--------------------------------------------------------------------|--|--|
| 38 | IN | Insects, rodents, & animals not present                            |  |  |
| 39 | IN | Contamination prevented during food preparation, storage & display |  |  |
| 40 | IN | Personal cleanliness                                               |  |  |
| 41 | IN | Wiping cloths: properly used & stored                              |  |  |
| 42 | IN | Washing fruits & vegetables                                        |  |  |

**Proper Use of Utensils**

|    |    |                                                                 |  |  |
|----|----|-----------------------------------------------------------------|--|--|
| 43 | IN | In-use utensils: properly stored                                |  |  |
| 44 | IN | Utensils, equipment & linens: properly stored, dried, & handled |  |  |
| 45 | IN | Single-use/single-service articles: properly stored & used      |  |  |
| 46 | IN | Gloves used properly                                            |  |  |

**Utensils, Equipment and Vending**

|    |    |                                                                                    |  |  |
|----|----|------------------------------------------------------------------------------------|--|--|
| 47 | IN | Food & non-food contact surfaces cleanable, properly designed, constructed, & used |  |  |
| 48 | IN | Warewashing facilities: installed, maintained, & used; test strips                 |  |  |
| 49 | IN | Non-food contact surfaces clean                                                    |  |  |

**Physical Facilities**

|    |     |                                                              |  |   |
|----|-----|--------------------------------------------------------------|--|---|
| 50 | IN  | Hot & cold water available; adequate pressure                |  |   |
| 51 | IN  | Plumbing installed; proper backflow devices                  |  |   |
| 52 | IN  | Sewage & waste water properly disposed                       |  |   |
| 53 | IN  | Toilet facilities: properly constructed, supplied, & cleaned |  |   |
| 54 | IN  | Garbage & refuse properly disposed; facilities maintained    |  |   |
| 55 | OUT | Physical facilities installed, maintained, & clean           |  | X |
| 56 | IN  | Adequate ventilation & lighting; designated areas used       |  |   |

**Outdoor Food Operation & Mobile Retail Food Establishment**

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN-in compliance

OUT-not in compliance

N/O-not observed

N/A-not applicable

COS-corrected on-site during inspection

R-repeat violation

COS R

COS R

|    |     |                        |  |  |    |     |                                  |  |  |
|----|-----|------------------------|--|--|----|-----|----------------------------------|--|--|
| 57 | N/A | Outdoor Food Operation |  |  | 58 | N/A | Mobile Retail Food Establishment |  |  |
|----|-----|------------------------|--|--|----|-----|----------------------------------|--|--|

**TEMPERATURE OBSERVATIONS**

(in degrees Fahrenheit)

| Item/Location           | Temp | Item/Location        | Temp | Item/Location        | Temp |
|-------------------------|------|----------------------|------|----------------------|------|
| Tofu pad thai/ Expo     | 158  | Pork Pad See Ew/ Wok | 198  | Broth/ Steam well    | 195  |
| White rice/ Rice cooker | 155  | Fried tofu/ RIC      | 40   | Raw chicken/ RIC     | 38   |
| Raw steak/ RIC          | 40   | Cooked chicken/ RIC  | 40   | Chopped cabbage/ RIC | 40   |
| Raw bean sprouts/ RIC   | 40   | Half & Half/ RIC     | 37   |                      |      |

**OBSERVATIONS AND CORRECTIVE ACTIONS**

| Item                                                 | Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code .                                                                                         | Complete by Date: |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 16-306-(a)<br>Risk: Pf<br>COS: Yes<br>Repeat:        | An accumulation of dried food debris was found on the can opener blade and a vegetable peeler stored with clean knives.<br><br>(a) Equipment food contact surfaces and utensils must be clean to sight and touch.                                                                                                                                                                                                        | 10/08/2026        |
| 55-443-(a),(b)<br>Risk: Core<br>COS: No<br>Repeat: 2 | An accumulation of dust was found on ceiling tiles and vents throughout kitchen.<br><br>(a) A physical facility of a retail food establishment must be cleaned as often as necessary to keep it clean .<br><br>(b) Cleaning must be done during periods when the least amount of food is exposed, such as after closing. This requirement does not apply to cleaning that is necessary due to a spill or other accident. | 10/15/2026        |

**Summary of Violations:**P: 0Pf: 1Core: 1

Person in Charge Paranee Paulius/ Majtra Wilson

Date: 10/08/2026

Inspector: SARAH DALLAS

Follow-up Required:

YES

**NO**

(Circle one)