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 Paynes Fish & Chips	**Telephone Number** ( ) Establishment 765-506-9193 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 6-19-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 4925 Kaybee Drive Gas City, IN 46933			
Owner Stephen Payne	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 10 days
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Stephen Payne	4. Pre-Operational 5. Temporary	C___ NC_/_ R___	
Responsible Person's E-mail paynesrestaurant@gmail.com	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1___2_X_3___4___5___	
Certified Food Handler Stephen Payne	Grains And Grill		

- 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
431	NC		Flooring Through out hps trash & clothing Needs Cleaned	Today

Received by (*name and title printed*):

Received by (*signature*):

Inspected by (*name and title printed*): Dean Small

Inspected by (*signature*): FSO

cc: | cc: | cc: