



**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 <i>Paynes Restaurant</i>	Telephone Number (<i>768</i>) Establishment (<i>998</i>) Owner <i>0668</i>	Date of Inspection (mm/dd/yr) <i>9-9-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4925 Kayba Dr Gas Cty</i>	Owner <i>Stephen Payne</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>same</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 2 R 1</i>	
Person in Charge <i>Stephen</i>		Menu Type (See back of page) <i>1 2 3 <u>4</u> 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Stephen Payne</i>			

- 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
<i>295</i>	<i>C</i>		<i>The following "Food Contact" items are soiled with food debris 1) Dishes stored on metal rack in kitchen 2) manual can opener blade</i>	<i>Today</i>
<i>416</i>	<i>NC</i>		<i>7/8" fly hanging strips above food prep area</i>	
<i>310</i>	<i>NC</i>		<i>Vents in restrooms is soiled with debris</i>	

Received by (name and title printed): <i>Stephen Payne</i>	Inspected by (name and title printed): <i>Scott K. Kendall / Deputy</i>
Received by (signature): <i>Stephen Payne</i>	Inspected by (signature): <i>Scott K. Kendall</i>
cc:	cc: