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 Restaurant	**Telephone Number**: (765) Establishment / Owner 998-0668	**Date of Inspection** (*mm/dd/yr*): 7-14-21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 4925 KayDee DR GAS City	**Purpose:** 1. Routine; 2. ~~Follow-up~~; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*)	**Follow-up**: NO	**Release Date**: 10 days
Owner: Stephen Payne		**Summary of Violations:** C 1 NC 1 R —	
Owner's Address: same			
Person in Charge: Tammy Holloway		**Menu Type** (*See back of page*): 1 2 3 X 4 5	
Responsible Person's E-mail: Tammy Holloway Exp 5-2024			
Certified Food Handler: ~~Stephen Payne Exp 1-2~~			

- 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
295	C		Can opener blade is soiled with dried food debris	Today
245	NC		2 wiping cloths on counter in prep area are wet. must be stored in sanitizer when not in use	Today

Received by (*name and title printed*): Tammy Holloway - Manager

Received by (*signature*): Tammy Holloway

Inspected by (*name and title printed*): Scott Kirkendall

Inspected by (*signature*): Scott Kirkendall RS10

cc: | cc: | cc: