



**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>Paymo's</i>		Telephone Number <i>764 998-0669</i>	Date of Inspection <i>2-28-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4925 Keyba Dr Gns Clay</i>		Owner <i>Obly</i>	Follow-up <i>NO</i>	
Owner <i>Stephen Payne</i>	Owner's Address <i>Street</i>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Release Date <i>10 days</i>	Summary of Violations: <i>C 1 NC 1 R</i>
Person in Charge <i>Tammy</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Certified Food Handler <i>Tammy Holloway exp May 2024</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
136	C		<i>4- 3 cans of pop sitting through out kitchen on prep areas</i>	
136	NC		<i>4- 2 wet wiping cloths layin on counter not in sanitizer.</i>	

Received by (name and title printed): <i>Tammy Holloway Manager</i>	Inspected by (name and title printed): <i>Scott Kendall Dear Staff</i>
Received by (signature): <i>Tammy Holloway</i>	Inspected by (signature): <i>Scott Kendall Dear Staff</i>
cc:	cc: