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 Custard	**Telephone Number**: (765) 998-9606 Establishment; ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 8/27/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 4925 Kaybee Drive Gas City			
Owner: Stephen PAYNE	**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's Address: 0380 Sixth 2nd St. Upland Indiana		**Summary of Violations**: C 1 NC 2 R 0	
Person in Charge: ~~STEPHEN PAYNE~~ Kira Yepes			
Responsible Person's E-mail: Paynesrestaurant@gmail.com		**Menu Type** (*See back of page*): 1 2 3 X 4 5	
Certified Food Handler: Stephen Payne			

• 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	NC		The Following Non food contact surfaces are soiled with food, debris, and grease - Through whole kitchen to include walls, baseboards, floor, and under eqpt.	
191	C		Improper Date Marking. Include expiration Date or train staff to understand logging system of when product is expired.	
138	NC		Proper hair restraints / Beard Guards need to be used with All staff in the Kitchen.	

Received by (*name and title printed*): KIRA YEPES	Inspected by (*name and title printed*): Kyle Kellogg / Food Inspector
Received by (*signature*):	Inspected by (*signature*):
cc:	cc: / cc: