



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 7-2, 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 <u>Paynes Restaurant</u>	Telephone Number (707) Establishment 7998-0668 () Owner	Date of Inspection (mm/dd/yr) <u>8/8/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>4925 Kaylee Drv (S) city</u>			
Owner <u>Stephon Payne</u>	Purpose: 1. Routine	Follow-up <u>No</u>	Release Date <u>10 Days</u>
Owner's Address <u>SHANE</u>	2. Follow-up	Summary of Violations: <u>P</u> <u>PF</u> <u>B</u> <u>R</u>	
Person in Charge <u>KIRA</u>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail <u>N/A</u>	4. Pre-Operational	1 <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Certified Food Handler <u>Michelle Seymour Issue July 2025</u>	5. Temporary		
	6. HACCP		
	7. Other (list) _____		

- 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"

Received by (name and title printed):

Inspected by (name and title printed):

John Morris

ANSWER

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