

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.1, 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 <b>Paynes Restaurant</b>		Telephone Number (707) Establishment 998-0668 ( ) Owner		Date of Inspection (mm/dd/yr) 8/8/25	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 4925 Kaylee Dr Gas City						
Owner Stephon Payne		Purpose: 1. Routine		Follow-up No	Release Date 10 Days	
Owner's Address same		2. Follow-up		Summary of Violations:		
Person in Charge <del>KIRA</del> KIRA		3. Complaint		P PF B R		
Responsible Person's E-mail N/A		4. Pre-Operational		Menu Type (See back of page)		
Certified Food Handler Michelle Seymour Issue July 2025		5. Temporary		1 2 3 X 4 5		
		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"						
Section#	C	R	Narrative	To Be Corrected By		
257(5)	C		Can opener soaked with food debris	corrected onsite		
292(7)	PF		Dish machine sanitizer needs recalibrated - Sanitizer not meeting minimum PPM	call vendor		
234(a)	C		New Food contact surfaces need cleaned - Fan/shelve above kitchen - Back splash near sandwich press			
Received by (name and title printed): KIRA YEPES						Inspected by (name and title printed): KYLE KELLY
Received by (signature): 						Inspected by (signature): 
cc:			cc:			