



# 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 <b>Payne's Food Truck</b>			Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <b>6/21/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>4925 Laybelle Dr, Prolety</b>					
Owner <b>Stephen Payne</b>			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>Shawn Bill Farmer Market</b>	Follow-up	Release Date
Owner's Address <b>Sample</b>				Summary of Violations:  C___ NC___ R___	
Person in Charge <b>Stephen</b>				Menu Type (See back of page) 1___ 2___ 3 <b>X</b> 4___ 5___	
Responsible Person's E-mail					
Certified Food Handler <b>Stephen Payne</b>					
• 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
			<b>No violations</b>		
Received by (name and title printed): <b>Stephen Payne</b>			Inspected by (name and title printed): <b>Angela McCallum</b>		
Received by (signature): <b>Stephen Payne</b>			Inspected by (signature): <b>Angela McCallum</b>		
cc:		cc:		cc:	