



**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>Payne's Restaurant</i>	Telephone Number <i>765-998-0668</i>	Date of Inspection <i>1-24-25 27</i>	ID #	
Establishment Address (number and street, city, state, ZIP code) <i>4920 Taylor Dr., BosCity</i>	Establishment Owner Owner's Address Person in Charge Responsible Person's E-mail Certified Food Handler	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) <i>Michelle Seymour Pending</i>	Follow-up <i>NO 10 Days</i>	
Summary of Violations: <i>C NC R</i>				
Menu Type (See back of page) <i>1 2 3 X 4 5</i>				
Section#	C/NC	R	Narrative	To Be Corrected By
<i>No Violations</i>				
Received by (name and title printed): <i>Michelle Seymour</i>			Inspected by (name and title printed): <i>Angela B. McCallum</i>	
Received by (signature): <i>Michelle Seymour</i>			Inspected by (signature): <i>Angela B. McCallum 1/25/10</i>	
cc:		cc:	cc:	cc: