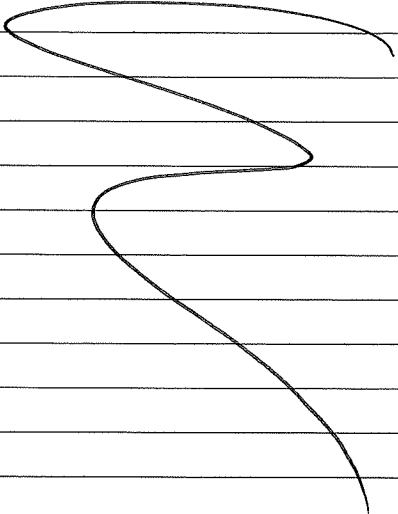




Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Paynes Restaurant	Telephone Number 735-098-0668	Date of Inspection (mm/dd/yr) 1-24-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4925 Kaylee Dr., Bo City	Owner Owner		
Owner Stephen Payne	Purpose: 1. Routine	Follow-up NO	Release Date 10 Days
Owner's Address Home	2. Follow-up	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Person in Charge Michelle	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified Food Handler Michelle Seymour	5. Temporary		
	6. HACCP		
	7. Other (list) Pending		

- 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
			<p>nc violations</p> 	

Received by (name and title printed): Michelle Seymoure		Inspected by (name and title printed): Angela B. McCallum	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	