



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.

Form header section containing fields for Establishment Name (Paynes Mobile), Telephone Number, Date of Inspection (3-15-19), ID # (27), Establishment Address (4925 Kaybee Dr), Owner (Stephen Payne), Owner's Address (SAME), Person in Charge (SAME), Responsible Person's E-mail, Certified Food Handler (Stephen Payne), Purpose (Other (list) Mobile), Follow-up, Release Date, Summary of Violations (C - NC - R -), and Menu Type (See back of page).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'Water line from in vector to hand sink has to be fixed' and '- OK to start season -'.

Form footer section containing Received by (name and title printed) (Stephen Payne), Inspected by (name and title printed) (Debra Small FSA), Received by (signature) (Stephen Payne), Inspected by (signature) (Debra Small FSA), and cc: fields.