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: ARBY'S	**Telephone Number**: (765) Establishment ( ) Owner 664-4607	**Date of Inspection** *(mm/dd/yr)*: 5-21-21	**ID #**: 27
Establishment Address *(number and street, city, state, ZIP code)*: 6308 Corridor DR MARION			
Owner: Inspire Brand	**Purpose:** 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10/21/5
Owner's Address: Three Glenlake Pkwy GA	2. Follow-up	**Summary of Violations:**	
Person in Charge: BROOKe PaTTON	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** *(See back of page)*	
Certified Food Handler: BROOKe PaTTON EXP 4-2022	5. Temporary	1___ 2_X_ 3___ 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/NC	R	Narrative	To Be Corrected By
			NO Violations	

Received by *(name and title printed)*: Brooke Patton GM

Received by *(signature)*: Brooke Patton

Inspected by *(name and title printed)*: Scott Kilkendall

Inspected by *(signature)*: Scott Kilkendall FS/O

cc: | cc: | cc: