



**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 # 127	Telephone Number 765 664 3445	Date of Inspection (mm/dd/yr) 01-22-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1001 N BALDWIN AVE - MARION	() Owner	Follow-up NO	Release Date 02-01-19
Owner HEARTLAND BEEF, INC	Purpose: 1. Routine	Summary of Violations: C 2 NC 1 R 0	
Owner's Address 1703 N COLLEGE AVE - BLOOMINGTON	2. Follow-up	Menu Type (See back of page) 1 2 X 3 4 5	
Person in Charge SARAH DRAKE	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler WALTER MERCER EXP 7-25-22	5. Temporary		
	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/N/C	R	Narrative	To Be Corrected By
120	C		THIS FACILITY DOESNT HAVE A SICK EMPLOYEE INFECTION CONTROL POLICY, MGR COULDNT FIND IT IS NOT POSTED FOR EMPLOYEES TO READ	TODAY CORRECTED
118	NC		DEMONSTRATION OF KNOWLEDGE, EMPLOYEES COULD NOT ANSWER CERTAIN QUESTIONS PERTAINING TO SICK POLICIES, AND VARIOUS QUESTIONS PER CURRENT CODE.	TODAY
295	NC		The following "Non-food" contact surfaces ARE SOILED WITH OLD DRIED FOOD DEBRIS. 1) THE JAFET-KNIFE HOLDER (INTERIOR OF) 2) COOLER HANDLES 3) INSIDE FLOOR COOLERS	TODAY
<div style="border: 1px solid black; border-radius: 50%; padding: 20px; display: inline-block;"> <p>2/8/19 WAM</p> </div>				

Received by (name and title printed): Sarah Drake	Inspected by (name and title printed): Blair Carr - FSD
Received by (signature): <i>Sarah Drake</i>	Inspected by (signature): <i>Blair Carr - FSD</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 1-23-19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer R. Dale Carr-FSIO / ~~Traci Hill~~-FSIO from the Grant Co. Health Department on 01-22-19.

DATE:

Action Taken:

1-22-19 Demonstrating & showing employees AND management sick policy.
1. Cleaned knife holder
2. Cooler handles cleaned 4 hr cleaning
3. Clean cooler drawers

1/14/19
MP

Name of Respondent:

Tamera Atkinson Title: Area Supervisor

Establishment Name:

Arbys North

Address:

100 N. Baldwin Ave Marion In.
46952