



**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 (705) Establishment 705-2645	Date of Inspection (mm/dd/yr) 11-5-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 100 N Baldwin Ave Marion	Owner Yogurt-2645	Follow-up no	Release Date days
Owner Headland Beef INC	Purpose: 1. Routine	Summary of Violations: C 1 NC 2 R 1	
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 Tiffany	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Shelly Williams Exp 9-2021	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/NC	R	Narrative	To Be Corrected By
295	NC	X	The following Non Food Contact items are soiled with food debris 1) counters through out prep area 2) Bottom of Freezer across from prep area	Today
298	NC		Microwave in prep area is heavily soiled with food debris	
345	C		Hand sink in drive-thru area has a dark residue in it WASH HANDS ONLY!	

Received by (name and title printed): Tiffany Wells	Inspected by (name and title printed): Scott Kikendall
Received by (signature): <i>Tiffany Wells</i>	Inspected by (signature): <i>Scott Kikendall FSO</i>
cc: DD	cc: