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) Establishment; ( ) Owner 664-2645	**Date of Inspection** (mm/dd/yr): 8-2-21	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 1005 S. Baldwin Ave			
Owner: Hemstead Beef Inc	**Purpose**: 1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list) _____	**Follow-up**: NO; **Release Date**: 10 days	
Owner's Address: 1703 N. College Ave Bloomington		**Summary of Violations**: C___ NC 2 R___	
Person in Charge: Megan			
Responsible Person's E-mail: —		**Menu Type** (See back of page): 1___ 2 X 3___ 4___ 5___	
Certified Food Handler: ~~Shelly Williams~~ Megan Spradley 1-2023			

- 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
310	NC		Hood above fryers soiled ONSURE on dish for cleaning	30 days
295	NC		BACK of fryers - grease on walls	10 days

Received by (*name and title printed*): Megan Spradley

Received by (*signature*): Megan Spradley

Inspected by (*name and title printed*): Dean Smith / Scott Likens

Inspected by (*signature*): Dean Smith BS / Scott Likens 10

cc: | cc: | cc: