



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 # 1544 | | Telephone Number 765-664-2524 | Date of Inspection (mm/dd/yr) 5/23/19 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 2010 S. WESTERN AVE - MARION | | | | |
| Owner HEARTLAND BEEF INC | | Purpose: <input checked="" type="radio"/> Routine | Follow-up NO | Release Date 6-2-19 |
| Owner's Address 1205 N COLLEGE AVE - BLOOMINGTON | | 2. Follow-up | Summary of Violations: C ___ NC ___ R ___ | |
| Person in Charge LIZ NEACE | | 3. Complaint | | |
| Responsible Person's E-mail N/A | | 4. Pre-Operational | Menu Type (See back of page) | |
| Certified Food Handler LIZ NEACE 10/14/16 - 10/14/21 | | 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 |
|----------|------|---|--|--------------------|
| 295 | C | | THE FOLLOWING "FOOD" CONTACT SURFACES TODAY ARE SOILED WITH FOOD DEBRIS. 1) MEAT SLICER IN FRONT PREP LINE 2) PLASTIC PANS 7-8 IN HOT HOLDING UNITS ON FRONT PREP LINE | |
| 310 | NC | | THE HOOD SYSTEM ABOVE DEEP FRYERS SOILED WITH LINT / GREASE, HAS A GAP | TODAY |

| | | |
|---|--|-----|
| Received by (name and title printed): x LIZ NEACE | Inspected by (name and title printed): Rachel Cant - FSD | |
| Received by (signature): x Liz Neace | Inspected by (signature): Rachel Cant - FSD | |
| cc: | cc: | cc: |

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5-23-19

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

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 5/23/19.

DATE: Action Taken:

5-23-19

x meat slicer in front Prep Line soiled with debris. Cleaned immediately. (Also spoke to closing store person.)

x Plastic pans in Food warmer / and Food warmer soiled with debris. - Clean warmer and soaked and cleaned pans.

x Hood system in back Fryer soiled with grease. Took down cleaned.

x Gap in Fryer Hood system - Fixed Gap.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Lin Neace Title: General Manager

Establishment Name: Arby's South

Address: 2010 S. Western Ave.
Marion, IN. 46953

- Attach additional sheets as needed.