



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 763 Establishment	Date of Inspection (mm/dd/yr) 7-8-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 200 S Western Ave Marion IN 46953	Owner 604-8524	Follow-up NO Release Date 10 days Summary of Violations: C NC R Menu Type (See back of page) 1 2 3 X 4 5	
Owner Hegotland Beef INC	Purpose: 1. Routine		
Owner's Address 1703 N Collogo Ave Bloomington	2. Follow-up		
Person in Charge Liz	3. Complaint		
Responsible Person's E-mail 	4. Pre-Operational		
Certified Food Handler Liz Neace Exp 11-2024	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
				NO VIOLATIONS	

Received by (name and title printed): Liz Neace	Inspected by (name and title printed): Scott K. Kendell	
Received by (signature): Liz nea	Inspected by (signature): Scott K. Kendell FS/10	
cc:	cc:	cc: