



**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 <i>Arbys 6073</i>	Telephone Number <i>768</i> Establishment <i>(514) 6420</i>	Date of Inspection <i>8/23/19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1111 E Main St Gns City</i>	Owner <i>Syber LLC</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>1155 Perimeter Center West GA</i>	Person in Charge <i>Pamela Bartum</i>	Summary of Violations: <i>C 2 NC 1 R 1</i>	
Responsible Person's E-mail <i>[redacted]</i>	Certified Food Handler <i>Pamela Bartum issue 7/2018</i>	Menu Type (See back of page) <i>1 2/3 4 5</i>	

- 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
<i>294</i>	<i>C</i>		<i>hand washing machine tested <math>\phi</math> ppm when tested.</i>	<i>today</i>
<i>129</i>	<i>C</i>	<i>X</i>	<i>will use 3-bay sink employee changing task putting gloves on without washing hands</i>	<i>today</i>
<i>431</i>	<i>NC</i>		<i>Flouring under fingers sorted w/ gloves and food</i>	<i>Today</i>

Received by (name and title printed): <i>Pamela Bartum</i>	Inspected by (name and title printed): <i>Dean Smith FSTC</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: