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 # 6073	**Telephone Number** (765) 674-9939 Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 3-3-2020	**ID #** 27
Establishment Address *(number and street, city, state, zip code)* 1117 E MAIN ST. GAS City			
Owner SY BRA LLC	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up** NO	**Release Date** 3-13-2020
Owner's Address THREE Glenlake PKWY NE Atlanta GA		**Summary of Violations:** C___ NC___ R___	
Person in Charge MEGHAN CORNETT			
Responsible Person's E-mail N/A		**Menu Type** *(See back of page)* 1___ 2_X_ 3___ 4___ 5___	
Certified Food Handler PAMELA BARTRUM EXP 4-2021			

- **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 AT THIS INSPECTION	

Received by *(name and title printed)*: x Meghan Cornett	Inspected by *(name and title printed)*: Blake Carr - FSID
Received by *(signature)*: x	Inspected by *(signature)*: B
cc:	cc:
	cc: