



**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 <b>ARBY'S # 6919</b>	Telephone Number <b>065 Establishment</b> <b>( ) Owner</b> <b>604-4607</b>	Date of Inspection (mm/dd/yr) <b>8-19-20</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>6308 CORRIDOR DR. MARION</b>		Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Sybra LLC</b>	Purpose: <b>1. Routine</b>	Summary of Violations:  <b>C — NC   R —</b>  Menu Type (See back of page) <b>1 — 2 X 3 — 4 — 5 —</b>	
Owner's Address <b>1155 Perimeter Center Atlanta</b>	2. Follow-up		
Person in Charge <b>Patti Harmon</b>	3. Complaint		
Responsible Person's E-mail <b>_____</b>	4. Pre-Operational		
Certified Food Handler <b>Geig Ferguson Exp 10-21</b>	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
<b>295</b>	<b>NC</b>		<b>Bottom shelf of Cook and Hold Oven is soiled with food debris</b>	<b>Corrected</b>

Received by (name and title printed): <b>Patti Harmon shift manager</b>	Inspected by (name and title printed): <b>Scott Kendrick F510</b>
Received by (signature): <b>Patti Harmon</b>	Inspected by (signature): <b>Scott Kendrick</b>
cc: _____	cc: _____