



**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</b>	Telephone Number <b>765</b> Establishment	Date of Inspection (mm/dd/yr) <b>8-19-21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>6308 CORRIDOR DR MARION</b>	Owner <b>667-4607</b>	Follow-up <b>NO</b>	Release Date <b>10/22/21</b>
Owner <b>Inspire Brand</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up	Summary of Violations: <b>C NC R</b>	
Owner's Address <b>Three Glenlake Pkwy GA</b>	3. Complaint	Menu Type (See back of page)	
Person in Charge <b>Brooke Patton</b>	4. Pre-Operational	1 <u>  </u> 2 <input checked="" type="checkbox"/> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Responsible Person's E-mail	5. Temporary		
Certified Food Handler <b>Brooke Patton Exp 4-2022</b>	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
138	NC		2 Employees cooking/prepping with no beard guards on	Corrected
431	NC		Flooring to include under the Fryers is soiled with grease and food	Total

Received by (name and title printed): <b>B. Rose General manager</b>	Inspected by (name and title printed): <b>Scott Kikenda / Dean Suppl</b>
Received by (signature): <i>Brooke Patton</i>	Inspected by (signature): <i>Scott Kikenda</i>
cc:	cc: