Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Nam</b> ARBY'S #6532	ıe				Telephone NumberEst(812) 944-6625	Date of Inspection	ID#	
<b>Address</b> 2119 STATE ST, NE	EWA	LBAN	Y IN	47150	Own 678-514-4100	03/21/2023		
<b>Owner</b> RTM OPERATING	СОМ	PANY.	LLC	2	Purpose X Routine	Follow Up	<b>Released</b> 03/21/2023	
<b>Owner's Address</b> 3 GLENLAKE PAR					Follow-up			
Person in Charge GARRETT WALT					Complaint Pre-Operational			
Responsible Person	's En				Temporary   Menu Type    HACCP   1 2 3 _X 4 5			
MJOCHUM@INSI	PIREE	3RAN	DS.C	ОМ		$1 - 2 - 3 \overline{\Lambda}$	4 _ 3 _	
Certified Food Han THOMAS BLACKBURN				BARBARA JACKSON	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 NARRAIVE COLUMN MARKED AS "R"								
Section #	С	NC	R	Narrative		To Be Co	orrected	
310		Х	Х	Observed buildup of dust around air vent in kitchen area and under the1 weekmenu board. Violation was previously noted near drive-thru window.1				
404		Х	Х	Observed tile coving missing on wall behind prep line. Area was filled in 1 month   with spray foam but tile was not replace. Foam is not smooth and easily 2   cleanable. 1				
410 431		x x	Х	Observed no light shield or bulb covers or Observed food debris on floor, near wall, Observed floor drainpipe in lobby cabinet appeared the area was not cleaned after at	1 month 1 day			
Summary of Violat	ions	(	-	0 NC <u>4</u> R <u>3</u>	4			
Received by (name	and ti	tle prin	nted):		Inspected by (name and title printed): Thomas Snider CFS			
Received by (signate	ure):				Inspected by (signature):			
cc:				cc:		cc:		
				-				