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 Arbys 6073	**Telephone Number** (76) Establishment (674) Owner 9939	**Date of Inspection** (*mm/dd/yr*) 2-28-23	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1111 E Main St Gas City			
Owner 3 Glenlake Pkwy GA	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NO	**Release Date** 10 days
Owner's Address Sybra LLC		**Summary of Violations:** C— NC— R—	
Person in Charge ~~Kristin~~ ~~Crista~~ Krista Harris			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1___ 2X 3___ 4___ 5___	
Certified Food Handler Krista Harris exp 8.2024			

• 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	

Received by (*name and title printed*): KRISTA L. HARRIS	Inspected by (*name and title printed*): Scott Kendall / [signature]
Received by (*signature*): Krista L. Harris	Inspected by (*signature*): Scott Kendall [signature]
cc:	cc: cc: