# 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 South | **Telephone Number** 765 Establishment / 664 Owner 8524 | **Date of Inspection** (*mm/dd/yr*) 5-3-23 | **ID #** 27 |
| **Establishment Address** (*number and street, city, state, ZIP code*) 2010 S. Western Ave | | | |
| **Owner** Turbo Restaurants | **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** P.O. Box 59924 | | **Summary of Violations:** C___ NC___ R___ | |
| **Person in Charge** Liz | | | |
| **Responsible Person's E-mail** | | **Menu Type** (*See back of page*) 1___ 2 X 3___ 4___ 5___ | |
| **Certified Food Handler** Elizabeth Neace exp 2-2025 | | | |

• 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 – | |

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|---|---|
| Received by (*name and title printed*): Liz Neace | Inspected by (*name and title printed*): Dean Smith FSTS |
| Received by (*signature*): Liz Neace | Inspected by (*signature*): [signature] |

| cc: | cc: | cc: |
|---|---|---|
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