

**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 <i>Arby's 127</i>	Telephone Number <i>701</i> Establishment	Date of Inspection <i>4-29-28</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1025 N Belmont</i>	Owner <i>Turbo Restaurants LLC</i>		
Owner's Address <i>Friends Branch Tp</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) <i>_____</i>	Follow-up <input type="checkbox"/> No	Release Date <i>10 days</i>
Person in Charge <i>Timmy</i>	Summary of Violations: <i>C NC R</i>		
Responsible Person's E-mail <i>_____</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Certified Food Handler <i>Timmy Blackburn exp 1-2029</i>	• 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
			<i>No violations</i>
Received by (name and title printed): <i>Timmy Black</i>	Inspected by (name and title printed): <i>Don J. Foy</i>		
Received by (signature): <i>Timmy Black</i>	Inspected by (signature): <i>Don J. Foy</i>		
cc:	cc:	cc:	