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 Arby's 6073	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 3/14/24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1221 E Main St			
Owner Sybra LLC	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) Carbonx de	**Follow-up** NC	**Release Date** 10 days
Owner's Address Atlanta GA		**Summary of Violations:** C____ NC____ R____	
Person in Charge Pam			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1___ 2 ✓ 3___ 4___ 5___	
Certified Food Handler			

• 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
	—		Carbonx de leuK @ hot water heater	
	—		Hot water being Changed out then gas turned back on and will have hot water	
	—		No washing dishes until hot water is working	
	—		Employees USE hand sanitizer to wash hands	

Received by (*name and title printed*): Pamela Bartrum	Inspected by (*name and title printed*): Dean Sun
Received by (*signature*): [signature]	Inspected by (*signature*): [signature] FSE

cc:	cc:	cc: