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 #6919	**Telephone Number** (765) Establishment ( ) Owner 664-4607	**Date of Inspection** (*mm/dd/yr*) 10/26/21	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 638 Corridor Dr., Marion			
Owner Sylora LLC	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Hannah	3. Complaint	C — NC 1 R —	
Responsible Person's E-mail —	4. Pre-Operational	**Menu Type** *(See back of page)*	
Certified Food Handler Hannah Sharrar 12/2021	5. Temporary	1 2 3 4 5	
	6. HACCP		
	7. 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 NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
138	NC		Male Employee not wearing beard guards - prepping/serving food	Today / Corrected

Received by (*name and title printed*): Hannah Sharrar

Received by (*signature*): Hannah Sharrar

Inspected by (*name and title printed*): Angela R McCollum

Inspected by (*signature*): Angela R McCollum 5510

cc: | cc: | cc: