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 (765) Owner 674-9939	**Date of Inspection** (*mm/dd/yr*) 8/27/24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1111 E Main St. Gas City			
Owner Sybra, LLC	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 days
Owner's Address 3 Glenlake Pkwy Atlanta GA	2. Follow-up 3. Complaint	**Summary of Violations:** C Ø NC Ø R Ø	
Person in Charge Pamela Bartrum	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail Arb06073@InspireBrands.com	6. HACCP 7. Other (*list*)	**Menu Type** (*See back of page*) 1 2 3 X 4 5	
Certified Food Handler Pamela Bartrum 12/31/2027			

- 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 At this time	

Received by (*name and title printed*): Pamela Bartrum

Received by (*signature*):

Inspected by (*name and title printed*): Kyle Kellogg Food Inspector

Inspected by (*signature*):

cc: | cc: | cc: