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 127	Telephone Number: (765) Establishment / ( ) Owner 664-2645	Date of Inspection (mm/dd/yr): 10-16-24	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 1005 N Baldwin			
Owner: Turbo Restaurants US LLC	Purpose: 1. Routine (circled) 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: Farmers Branch TX		Summary of Violations: C___ NC 1 R___	
Person in Charge: Tammy			
Responsible Person's E-mail:		Menu Type (See back of page): 1___ 2___ 3 X 4___ 5___	
Certified Food Handler: Tammy Blackburn exp 1-2029			

• 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
308	NC		Dust on HVAC vents in Kitchen Area	Today

Received by (name and title printed): Tammy Blackburn	Inspected by (name and title printed): [illegible]
Received by (signature): [signature]	Inspected by (signature): [signature] BSEC

cc:	cc:	cc: