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 #1544	**Telephone Number** ( ) Establishment ( ) Owner 765 664 0545	**Date of Inspection** *(mm/dd/yr)* 10/2/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1005 N Baldwin, Marion			
Owner Turko Restaurants US LLC	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 10 Days
Owner's Address Jamaica Branch TX	2. Follow-up	**Summary of Violations:**	
Person in Charge Liz Hammel	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Liz Hammel, Issued 3/22 Sarah Brake	5. Temporary	**Menu Type** *(See back of page)*	
	6. HACCP	1___ 2 X 3___ 4___ 5___	
	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
			No Violations	

Received by *(name and title printed)*:	Inspected by *(name and title printed)*: Angela R. McCollam
Received by *(signature)*:	Inspected by *(signature)*:
cc:	cc:
cc:	