



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	Telephone Number 765 Establishment	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) 1001 BALDWIN Ave MARION	Owner 664-2645	24-22	27
Owner TURBO Restaurants	Purpose: <u>1. Routine</u>	Follow-up NO	Release Date 10 days
Owner's Address PO Box 59924 Dallas	2. Follow-up	Summary of Violations: C <u>NC</u> <u>1</u> R <u> </u>	
Person in Charge Shelly	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified Food Handler Tammy Blackburn 3-30-2024	5. Temporary		
	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
310	NC		VENTS ABOVE Fryer are heavily soiled with grease	Cleaning NOW

Received by (name and title printed): Shelly Williams	Inspected by (name and title printed): Scott Kikendall	
Received by (signature): 	Inspected by (signature): 	
cc:	cc:	cc: