



**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 <b>Arby's # 6093</b>	Telephone Number <b>765 674-6749</b>	Date of Inspection (mm/dd/yr) <b>10/29/18</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1111 EAST MAIN ST. GAS CITY</b>			
Owner <b>SYBRA LLC</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>	Release Date <b>11/8/18</b>
Owner's Address <b>1155 PERIMETER CTR WEST ATLANTA GA</b>	2. Follow-up	Summary of Violations:  <b>C ___ NC ___ R ___</b>	
Person in Charge <b>PAMELA BARTRUM</b>	3. Complaint	Menu Type (See back of page) <b>1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___</b>	
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>PAMELA BARTRUM exp 7/16/18</b>	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
138	NC		2-employees preparing food without beard guards	TODAY CORRECTED
269	C		THIS FACILITY HAS REMOVED ORIGINAL 3-BAY SINK TO INSTALL A NEW 3-BAY SINK, CREATING ISSUE WITH WASH, RINSE & SANITIZE OF UTENSILS, DISHES, & EQUIPMENT. MOR IS GOING TO SET UP A TEMPORARY 3-BAY SET UP WITH TUBS till project is done, PER INSTALLERS TODAY 10/29/18 WILL CALL LHD WHEN OPERATIONAL	TODAY

Received by (name and title printed): <b>*PAMELA BARTRUM COM</b>	Inspected by (name and title printed): <b>R Dale Barr - FSD</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc: