# Retail Food Establishment Inspection Report

**Floyd County Health Department**
**Telephone:812-948-4726**
x 678

**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 #6532 | **Telephone Number** 812-944-6625 | **Date of Inspection (mm/dd/yr)** 3/17/19 | **PERMIT #** 18-374 |
| **Establishment Address (number and street, city, state, zip code)** 2119 State St New Albany, IN 47150 | 606-546-2504 | | |
| **Owner** RTM Operating Company, LLC | **Purpose:** (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | **Follow-up** NO | **Release Date** Today |
| **Owner's Address** 1155 Perimeter Center West Atlanta GA, 30338 | | **Summary of Violations:** C 1 NC 4 R Ø | |
| **Person in Charge** Latray Simon | | | |
| **Responsible Person's E-mail** | | **Menu Type** *(See back of page)* 1 2 3 ✓ 4 5 | |
| **Certified Food Manager** Latray Simon | | | |

- 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 |
|---|---|---|---|---|
| 415 | C | | Observed 4 flying insects near syrup boxes in back near ice machine. | 1 week |
| | | | - Est. has treated earlier this week | |
| | | | - Clean up any syrup - Check drains | |
| 324 | NC | | Observed leak under drink machine in lobby. - Repair, clean spill. | 1 week |
| 392 | NC | | Observed side doors on dumpster open. | Corrected |
| 410 | NC | | Observed missing light shield over dry storage. | 1 week |
| 413 | NC | | Observed hole in door frame at back door. Near floor, right side. | 1 week |

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|---|---|
| Received by (name and title printed): LATRAY Simon (General Manager) | Inspected by (name and title printed): Thomas Snider, EHS |
| Received by (signature): | Inspected by (signature): |
| cc: | cc: / cc: |