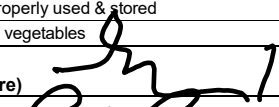


 RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION	Release Date 10 days		Date 6-15-26	
	No. of Risk Factor/Intervention Violations		Time In	
	No. of Repeat Risk Factor/Intervention Violations		Time Out	
	Establishment Arby's #5151		Address 1203 N. Cass St.	
Zip Code 46992		Telephone (260) 563-2729		
License/Permit # 35 35		Permit Holder Sybra LLC		Purpose of Inspection Complaint
Est. Type Restaurant		Risk Category		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable									
Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation									
Compliance Status					Compliance Status				
Supervision					Time/Temperature Control for Safety				
1	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties			17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food		
2	IN OUT N/A N/O	Certified Food Protection Manager			18	IN OUT N/A N/O	Proper cooking time & temperatures		
Employee Health					19	IN OUT N/A N/O	Proper reheating procedures for hot holding		
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting			20	IN OUT N/A N/O	Proper cooling time and temperature		
4	IN OUT N/A N/O	Proper use of restriction and exclusion			21	IN OUT N/A N/O	Proper hot holding temperatures		
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events			22	IN OUT N/A N/O	Proper cold holding temperatures		
Good Hygienic Practices					23	IN OUT N/A N/O	Proper date marking and disposition		
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use			24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records		
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth			Consumer Advisory				
Preventing Contamination by Hands					25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food		
8	IN OUT N/A N/O	Hands clean & properly washed			Highly Susceptible Populations				
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible			Food/Color Additives and Toxic Substances				
Approved Source					27	IN OUT N/A N/O	Food additives: approved & properly used		
11	IN OUT N/A N/O	Food obtained from approved source			28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used		
12	IN OUT N/A N/O	Food received at proper temperature			Conformance with Approved Procedures				
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated			29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP		
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction			Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.				
Protection from Contamination									
15	IN OUT N/A N/O	Food separated and protected							
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized			GOOD RETAIL PRACTICES				
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation									
Compliance Status					Compliance Status				
Safe Food and Water					Proper Use of Utensils				
30		Pasteurized eggs used where required			43		In-use utensils: properly stored		
31		Water & ice from approved source			44		Utensils, equipment & linens: properly stored, dried, & handled		
32		Variance obtained for specialized processing methods			45		Single-use/single-service articles: properly stored & used		
Food Temperature Control					46		Gloves used properly		
33		Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending				
34		Plant food properly cooked for hot holding			47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
35		Approved thawing methods used			48		Warewashing facilities: installed, maintained, & used; test strips		
36		Thermometers provided & accurate			49		Non-food contact surfaces clean		
Food Identification					Physical Facilities				
37		Food properly labeled; original container			50		Hot & cold water available; adequate pressure		
Prevention of Food Contamination					51		Plumbing installed; proper backflow devices		
38		Insects, rodents, & animals not present			52		Sewage & wastewater properly disposed		
39		Contamination prevented during food preparation, storage & display			53		Toilet facilities: properly constructed, supplied, & cleaned		
40		Personal cleanliness			54		Garbage & refuse properly disposed; facilities maintained		
41		Wiping cloths: properly used & stored			55		Physical facilities installed, maintained, & clean		
42		Washing fruits & vegetables			56		Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature) 	Date: 6-15-26
Inspector (Signature) 	Follow-up: YES NO (Circle one) Follow-up Date:





RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit #
35

Date _____

Establishment

Arby's #5151

Address

1203 North Cass Street

City/State

Wabash, Indiana

Zip Code

46992

Telephone

(260) 563-2729

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.

Complete by Date:

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: