



**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 <i>Flying J " 1086 " Wendy S</i>	Telephone Number <i>(765) 673 6059</i>	Date of Inspection <i>(mm/dd/yr) 5-30-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6255 E St Rd 1B Marion</i>	Owner <i>(673) 6059</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Pilot Travel Centers LLC</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Summary of Violations: <i>C _ NC <u>2</u> R <u>2</u></i>	
Owner's Address <i>5500 Lonas TN</i>	Person in Charge <i>Cynthia Jones</i>	Menu Type (See back of page)	
Person in Charge <i>Cynthia Jones</i>	Responsible Person's E-mail <i>[redacted]</i>	1 _ 2 _ 3 <input checked="" type="checkbox"/> 4 _ 5 _	
Certified Food Handler	<i>Other (list) From 3-29-19</i>		

- 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
431	NC	X	<i>Fluxing in kitchen close to walls and under equipment. Also to include wall area around prep sink - dried food debris.</i>	<i>Today</i>
298	NC	X	<i>Inside microwave in the back - soiled w/ dried food debris.</i>	<i>Today</i>

Received by (name and title printed): <i>Cynthia Jones</i>	Inspected by (name and title printed): <i>Dean Smith FSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] FSD</i>
cc:	cc:
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 6/8/19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 5-29-19.

DATE: 6/8/19 Action Taken: Enforcing Cleaning Procedures

Thanks for coming out we appreciate all of your help since you left we have been working hard on following up on the cleaning process with over half of our staff being sick it has been a challenge we have chiseled away the majority of the build up under the sandwich line and will probably have to have someone come out and re-seal it but they are doing a much better job staying on top of the microwave and walls

Just an update I'll see you next time

Enjoy the rest of your Day !!

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Cynthia Jones Title: _____

Establishment Name: Pilot Travel Centers Wendy's

Address: 6225 East North 00 South I 69 & SR 18

- Attach additional sheets as needed.

