



**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>(768) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>3-29-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6255 E ST Rd 18 MARION</i>	<i>673 Owner</i> <i>0059</i>		
Owner <i>Pilot Travel Centers LLC</i>	Purpose: <u>1. Routine</u>	Follow-up <i>10 days</i>	Release Date
Owner's Address <i>5500 LOWNS TN</i>	2. Follow-up	Summary of Violations: <i>C <u>1</u> NC <u>3</u> R <u>1</u></i>	
Person in Charge <i>JAZIMON</i>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified Food Handler <i>Justin Nestleroad exp 2021</i>	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
<i>29B</i>	<i>NC</i>		<i>Microwave in back - inside top is soiled</i>	<i>Today</i>
<i>29C</i>	<i>NC</i>		<i>The following "Non Food" Contact items soiled w grease - debris - dirt - dried food</i>	
			<i>1) Plastic Cart</i>	
			<i>2) Fryer AREA top of fryer</i>	
			<i>3) Fryer station at the top on left end needs cleaned</i>	
			<i>4) Fryer station - Flooring & walls to include under equipment</i>	
			<i>5) Bellfield cooler up front inside bottom</i>	
<i>431</i>	<i>NC</i>	<i>*</i>	<i>Flooring throughout to include under ALL equipment is soiled.</i>	

Received by (name and title printed): <i>Tyler Knight (TCGM)</i>	Inspected by (name and title printed): <i>DEAN SMALL FSTO</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 4/4/19

Grant County Health Department
101 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
Barr / Dean Small, from the Grant Co. Health Department on 3-29-19.

DATE: 4/4/19 Action Taken:

- 1) Since our visit there has been a cover ordered and installed for the inside top of the microwave it has been detail cleaned and unit has been pulled out of its housing space to thoroughly clean the holding shelf.
- 2) All food carts have been cleaned and now have holding plates
- 3) Grease spill + debris under equipment has been cleaned and the wheel has been replaced on the oven cart

We have implemented our cleaning charts so we are able to keep these things from continuing going forward other issues still a work in progress will send a new progress report very soon.
Thanks for your time.

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

Name of Respondent: Cynthia Jones Title: RAM

Establishment Name: Pilot Travel Centers Wendy's

Address: 6255 State Route 18 E ^{Marion, IN} 46953

Attach additional sheets as needed.

