



**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 Wendys</i>	Telephone Number <i>765</i> Establishment <i>673 0059</i> Owner	Date of Inspection <i>8-7-20</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6255 E ST RD 18 MARION</i>	Owner <i>Pilot Travel Centers LLC</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>5500 Knoxville TN</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations:  <i>C <u>  </u> NC <u>  </u> R <u>  </u></i>	
Person in Charge <i>SARAH BROWN</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </u> 5 <u>  </u></i>	
Certified Food Handler <i>Sarah Brown Exp 2-7-2022</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/N/C	R	Narrative	To Be Corrected By
			<i>No violations on this inspection</i>	

Received by (name and title printed): <i>Sarah Brown</i>	Inspected by (name and title printed): <i>Scott Kikendall</i>
Received by (signature): <i>Sarah Brown</i>	Inspected by (signature): <i>Scott Kikendall FS10</i>
cc:	cc: