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: Wendy's	**Telephone Number**: (765) Establishment ( ) Owner 662-6546	**Date of Inspection** (mm/dd/yr): 5-19-21	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 1410 S Western Ave Marion			
Owner: Marion Restaurants South Inc	**Purpose:** 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list) _____	**Follow-up**: NO	**Release Date**: 10days
Owner's Address: 106 E 4th St Marion		**Summary of Violations:** C 2 NC 1 R —	
Person in Charge: Jonathan Gray			
Responsible Person's E-mail		**Menu Type** (See back of page): 1 2 X 3 4 5	
Certified Food Handler: Michele Sanchez 5-2021			

- 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
138	NC		2 Employees prepping food with no Hair Restraints	Corrected
194	C		No sanitizer present	Corrected
191	C		Several containers with use by date 5-16-21 - 5-18-21 still in prep cooler on shelf with fresh items	corrected

Received by (name and title printed): Jonathan Gray GM

Received by (signature):

Inspected by (name and title printed): Scott Kilvendall

Inspected by (signature): Scott Kilvendall FSD

cc:

cc:

cc: