



**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>Wendys</i>		Telephone Number <i>(765) Establishment (765) 6126</i>	Date of Inspection <i>12-11-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1223 W. Wash Ave Marion</i>				
Owner <i>Marion Restaurants Inc</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)	Follow-up <i>NO</i>	Release Date <i>10 days</i>	Summary of Violations:  <i>C ___ NC <u>1</u> R <u>1</u></i>
Owner's Address <i>106 E 4th St</i>		Menu Type (See back of page)		
Person in Charge <i>Heather Velasquez</i>		1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___		
Responsible Person's E-mail				
Certified Food Handler <i>Heather Velasquez exp 3-2021</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	Flour behind deep fryer in back and under grill is soiled w/ grease & debris to include wall also up front behind fryers wall is soiled w/ grease. * previous violation on 6-2019 *	<i>T Ulay</i>

Received by (name and title printed): <i>Heather C. Velasquez</i>	Inspected by (name and title printed): <i>Dem Graft BFD</i>
Received by (signature): <i>Heather Velasquez</i>	Inspected by (signature): <i>Dem Graft BFD</i>
cc:	cc: