



**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 # 1086</i>	Telephone Number <i>(765) Establishment (673-0059)</i>	Date of Inspection (mm/dd/yr) <i>3-27-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6255 St Rd 18 Marion</i>	Owner <i>Pilot Travel Centers LLC</i>	Follow-up <i>No</i>	Release Date <i>10 Day</i>
Owner's Address <i>Knobville TN</i>	Person in Charge <i>Sarah</i>	Summary of Violations: <i>C / NC 2 R</i>	
Responsible Person's E-mail	Certified Food Handler <i>Tori Carter - exp 6-2024</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</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
<i>344</i>	<i>C</i>		<i>Hand sink in back blocked w/ water pitcher sitting in it Also hand sink up front blocked w/ napkin dispenser sitting in it. Clean</i>	<i>Hand SINKS must be used.</i>
<i>298</i>	<i>NC</i>		<i>Passive microwave in back soiled w/ food debris</i>	<i>Today</i>
<i>214</i>	<i>NC</i>		<i>Colt machine in dining room isnt drawing.</i>	<i>Needs repaired ASAP</i>

Received by (name and title printed): <i>Sarah Brown</i>	Inspected by (name and title printed): <i>IDEAN Smith FSD</i>
Received by (signature): <i>Sarah Brown</i>	Inspected by (signature): <i>Wendy BPP</i>
cc:	cc: