



**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 <b>Wendy's # 1086</b>		Telephone Number <b>885</b> Establishment	Date of Inspection <b>7-28-2027</b> (mm/dd/yr)	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>6255 Jt RD 18E MARION</b>		Owner <b>588-7488</b>		
Owner <b>Pilot Travel Centers LLC</b>	Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up <b>NO</b>	Release Date <b>10 days</b>	
Owner's Address <b>PO BOX 10146</b>	<input type="radio"/> 2. Follow-up	Summary of Violations:  <b>C — NC — R —</b>		
Person in Charge <b>Tiffany Bisher</b>	<input type="radio"/> 3. Complaint			
Responsible Person's E-mail <b>_____</b>	<input type="radio"/> 4. Pre-Operational	Menu Type (See back of page)		
Certified Food Handler <b>Tiffany Bisher Exp 7-2026</b>	<input type="radio"/> 5. Temporary	<b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input checked="" type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/>		
<input type="radio"/> 6. HACCP				
<input type="radio"/> 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
295	NC		THE following non food contact items are soiled with food debris and trash	Today
			1) Top of Grill	}
			2) In Dining Room Trash Rings by Ketchup	
			3) TRASH BINS to include the floor	

Received by (name and title printed): <b>Tiffany Bisher</b>	Inspected by (name and title printed): <b>Scott Kendrick</b>
Received by (signature): <i>Tiffany Bisher</i>	Inspected by (signature): <i>Scott Kendrick FSO</i>
cc:	cc:

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7-28

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

**PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS!**

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 7-28-21.

DATE: 7-28 Action Taken:

- 1- Cleaned the top of grill
- 2- Wiped out the ketchup in trash rings
- 3- Swept under trash bin + wiped off.

Name of Respondent: Tiffany Bishir Title: RCM  
 Establishment Name: Wendys  
 Address: 6255 St. Rt. 18E