



**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>Wendy's North</i>	Telephone Number <i>765 Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>7-28-20</i>	ID # <i>27</i>
Establishment Address <i>1223 Wabash Ave Marion</i>	Owner <i>664-6126</i>	Follow-up	
Owner <i>Marion Restaurants INC</i>	Purpose: <u>1. Routine</u>	Release Date	
Owner's Address <i>106 E 41<sup>st</sup> St</i>	2. Follow-up	Summary of Violations: <i>CL NC 2 R X</i>	
Person in Charge <i>CHRIS</i>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	1 <u>2</u> 3 4 5	
Certified Food Handler <i>Heather Velasquez Exp 3-21</i>	5. Temporary		
	6. HACCP		
	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
<i>345</i>	<i>C</i>		<i>Hand sink had ice in it to be used as hand sink only no dumping</i>	<i>Today</i>
<i>431</i>	<i>NC</i>		<i>Flooring throughout to include under equipment in kitchen is soiled</i>	<i>l</i>
<i>402</i>	<i>NC</i>		<i>Ceiling in kitchen in back has dust debris on it</i>	

Received by (name and title printed): <i>Chris Chakouras</i>	Inspected by (name and title printed): <i>Scott Kendall / Dean Smith</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: