



**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 North</i>	Telephone Number <i>768</i> Establishment <i>664-6126</i> Owner	Date of Inspection (mm/dd/yr) <i>5-19-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1223 W Abert Ave Marion</i>	Owner <i>Marion Restaurants Inc</i>	Follow-up	Release Date
Owner's Address <i>106 E 4th St Marion</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 1 R</i>	
Person in Charge <i>Chris Kelvin</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Certified Food Handler <i>Lana Quick exp 2/2023</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/N/C	R	Narrative	To Be Corrected By
<i>295</i>	<i>NC</i>		<i>Following "Non Food" Contact items is soiled w/ dried food debris and or grease 1) Under bench prep area cap fan 2) Side of the fryer</i>	<i>Today</i>
<i>171</i>	<i>C</i>		<i>Inside walk in - A small black cup used in cheese and gravy laying directly in these. Need a handle - tongs - c/c.</i>	
<i>344</i>	<i>C</i>		<i>Front hand sink blocked w/ packs of salt & peper - washing hands only</i>	

Received by (name and title printed): <i>Kevin Page</i>	Inspected by (name and title printed): <i>Dean Smith PHT</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: