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 WENDY'S - SOUTH	**Telephone Number** 765 662 6546 Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 8/19/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1410 S. WESTERN AVE			
Owner MARION RESTAURANTS	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up** NO	**Release Date** 8/29/19
Owner's Address 106 E MAIN ST. MARION		**Summary of Violations:** C 0 NC 2 R 1	
Person in Charge MICHELLE SANCHEZ		**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Responsible Person's E-mail N/A			
Certified Food Handler MICHELLE SANCHEZ			

- 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	THE FLOOR THROUGHOUT KITCHEN AND EQUIPMENT SOILED WITH GREASE LINT, FOOD AND OTHER DEBRIS	TODAY
138	NC		3 EMPLOYEES PREPARING FOOD WITHOUT BEARD GUARDS 2- EMPLOYEES WITHOUT HAIR RESTRAINTS	TODAY

Received by *(name and title printed)*: x Michelle E. Sanchez	Inspected by *(name and title printed)*: R Dale Carr - FSD
Received by *(signature)*: x Michelle E. Sanchez	Inspected by *(signature)*: R Dale Carr FSD
cc:	cc:
	cc: