



**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 South</i>	Telephone Number <i>765</i> Establishment <i>662-8546</i> Owner	Date of Inspection (mm/dd/yr) <i>7-22-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1410 S Western Ave</i>	Owner <i>Marion Restaurants</i>	Follow-up <i>Yes</i>	Release Date <i>10 days</i>
Owner's Address <i>106 E Main St Marion</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: <i>C 2 NC 3 R 1</i>	
Person in Charge <i>Nina</i>	Responsible Person's E-mail _____	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Certified Food Handler <i>Michelle Sanchez</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
431	NC	X	The floor throughout kitchen and equipment sorted w/ grease lint trash etc, to include develop. * previous violation on 8-2019, 2-2019	Immediately
229	C		Inside ice machines at the top - a dark residue	To Day
295	C		Tongs hanging at the cookies - Tongs are from dry Beldar and are soiled	Corrected
295	NC		Equipment in kitchen is soiled w/ grease and other debris also up front by cashier a metal pull down lid is soiled.	}
310	NC		hood vents above fryers is soiled w/ dust & GREASE	

Received by (name and title printed): <i>Michelle E. Sanchez</i>	Inspected by (name and title printed): <i>Dawn Small / SAH Kikanda</i>
Received by (signature): <i>Michelle Sanchez</i>	Inspected by (signature): <i>Dawn Small / SAH Kikanda</i>
cc:	cc:

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

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 7/22/2020

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 / Scott Kikendall from the Grant Co. Health Department on 7-22-20.

DATE:	Action Taken:
<u>7/22/</u>	<u>#431 - Swept & Scrubbed under all floors & equipment</u>
<u>7/22/</u>	<u>#229 - Cleaned Ice Machine - Complete</u>
<u>7/22/</u>	<u>#295 - Cleaned H. Penny Cleaned, Ice machine up front.</u>
<u>7/22/</u>	<u>#310 - Cleaned hoods above fryers -</u>

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Michelle Sanchez Title: GM

Establishment Name: Wendy's

Address: 1410 S. Western Ave Marion

Attach additional sheets as needed.