



**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</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>11-2-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1223 Wimbush Ave Marion</i>	Owner <i>(664)-6126</i>	Follow-up <i>NU</i>	Release Date <i>10 days</i>
Owner <i>Marion Restaurants Inc</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C - NC 2 R 1</i>	
Owner's Address <i>106 E 4th St</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Kelvin</i>	3. Complaint	1 <u>2</u> 3 4 5	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Jakeb Young Exp 3-2023</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>295</i>	<i>NC</i>		<i>The following "Non Food" Contact item is soiled w/ grease and/or other debris</i>	
		<i>X</i>	<i>1) RE side of fryers mid ways down</i>	
			<i>2) outside of trash cans</i>	
<i>138</i>	<i>NC</i>		<i>+/- 2 employees prepping/cooking without beard guard OR hair restraint on</i>	

Received by (name and title printed): <i>Kelvin Page</i>	Inspected by (name and title printed): <i>Deon Smith / Scott Kikendrick</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: