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 Old Fashioned Hamburgers	**Telephone Number** (765) Establishment ( ) Owner 664-6126	**Date of Inspection** *(mm/dd/yr)* 3-9-23	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1223 Wabash Ave Marion			
Owner Marion Restaurants INC	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 days
Owner's Address 106 E 4th St Marion	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Kelvin	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)* 1___ 2X 3___ 4___ 5___	
Certified Food Handler Heather Velasquez Exp 3-2026	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
			No Violations	

Received by (*name and title printed*): Kelvin	Inspected by (*name and title printed*): Scott Kikendall
Received by (*signature*):	Inspected by (*signature*): Scott Kikendall FS/O
cc:	cc:
	cc: