



## **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>Flying J - Wendy's 1086</i>	Telephone Number <i>Not Establishment</i>	Date of Inspection <i>2/24/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6255 S ST RD 18</i>			
Owner <i>Pilot Travel Centers LLC</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>_____</i>	Follow-up <i>NO</i>	Release Date <i>7 days</i>
Owner's Address <i>Knoxville TN</i>	Summary of Violations:  <i>C NC R</i>		
Person in Charge <i>Paige (Gen Manager of Flying J)</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>_____</i>	1 <i>D</i> 2 <i>D</i> 3 <i>D</i> 4 <i>D</i> 5 <i>D</i>		
Certified Food Handler <i>Kirsten Brown exp 10/2027</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"

Received by (name and title printed):

Inspected by (name and title written):

Paige Perkins T66M

Inspected by Name and title of  
John J. S.

Received by (signature):

Inspected by (signature)

662

CC:

66