



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>Blueflyers 1 - Wendy's</i>	Telephone Number () 7765 () Establishment	Date of Inspection (mm/dd/yr) <i>8/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6000 E State Rd 18, Marion</i>	() Owner <i>6750059</i>		
Owner <i>Pilot Travel Centers LLC</i>	Purpose: <ul style="list-style-type: none"><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) <hr/>	Follow-up <i>N</i>	Release Date <i>10/04/2014</i>
Owner's Address <i>Same</i>	Summary of Violations: <i>P - NF - C -</i>		
Person in Charge <i>Joseph</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i><u> </u></i>	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Kristen Bran c4, 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):

Page Perkins T6M

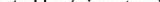
Inspected by (name and title printed)

Dear Sirs

Received by (Signature):

1 by (Signature)

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