



**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>Phyng J' 1086 Wendy's</i>	Telephone Number <i>965 Establishment (673) 005-9</i>	Date of Inspection <i>(mm/dd/yr) 1-3-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6255 E St. Rd 18 Marion</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Plot Travel Centers LLC</i>		Summary of Violations: <i>C NC 2 R 1</i>	
Owner's Address <i>5500 Lanes TN</i>	Person in Charge <i>Tyler - GM</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Renee Brynn 8/2020</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	N	R	Narrative	To Be Corrected By
431	NC	X		Flooring under freezers also to include equipment & walls - soiled w/ grease and food debris - Previous violation on 5-2019-	<i>T. Blair</i>
431	NC			Flooring in walk in freezer has trench on floor also dark residue	}
295	NC			Around the microwave in back crumbs also handle soiled.	

Received by (name and title printed): <i>David Manship</i>	Inspected by (name and title printed): <i>Dean Smith FSE-2</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] FSE-1</i>
cc:	cc:

