



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 (north)</i>	Telephone Number (765) Establishment	Date of Inspection (mm/dd/yr) 5/2/25	ID # 27		
Establishment Address (number and street, city, state, ZIP code) <i>223 W. Walsh Ave., Marion</i>	Owner <i>Marion Restaurants, Inc.</i>	Owner <i>6676126</i>			
Owner Address <i>George</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>10 Days</i>		
Person in Charge <i>Robert</i>	Summary of Violations: <i>C NC R</i>				
Responsible Person's E-mail <i> </i>	Menu Type (See back of page)				
Certified Food Handler <i>Heather Glasgows</i>	1	2	3	4	5

- 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):

Received by (name and title printed):
Gilbert Kritz

Inspected by (name and title printed)

Inspected by (signature)

Received by (signature):

Received by (signature):

	Inspected by (name and title printed): <i>Amelia McColgan</i>
	Inspected by (signature): <i>Amelia McColgan 1510</i>
	cc:

cc:

CC:

667