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 Wendys	**Telephone Number** (76) Establishment ( ) Owner 664-6124	**Date of Inspection** (*mm/dd/yr*) 10-2-24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1223 Wabash Ave			
Owner Marion Restaurants Inc	**Purpose:** 1. Routine ~~2. Follow-up~~ 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NU	**Release Date** Today
Owner's Address 106 E 4th St		**Summary of Violations:** C___ NC___ R___	
Person in Charge Heather			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1___ 2 X 3___ 4___ 5___	
Certified Food Handler Heather Velasquez exp 3-2025			

- 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*): Heather C. Velasquez	Inspected by (*name and title printed*): Dean Snell
Received by (*signature*): Heather Velasquez	Inspected by (*signature*): Dean Snell
cc:	cc: / cc: