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 Wendy's (South)	**Telephone Number** ( ) Establishment ( ) Owner 765 662 6546	**Date of Inspection** (mm/dd/yr) 10/9/24	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 1410 So. Western Ave., Marion			
Owner Marion Restaurants South, INC	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 10 Days
Owner's Address 100 E. 4th St., Marion	2. Follow-up	**Summary of Violations:**	
Person in Charge Nina	3. Complaint	C 1 NC 3 R 1	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Corey Edwards Issued 3/21	5. Temporary	**Menu Type** (See back of page)	
	6. HACCP	1 ___ 2 ✓ 3 ___ 4 ___ 5 ___	
	7. Other (list) ___		

• 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
297	NC		Pop machine in dining area soiled with food debris	
310	NC	✓	Vents/ceiling tiles in dining area have dust on them - need to be cleaned; include vents in kitchen area	
402	NC		2nd walk in cooler - floor mat have dry food debris - need cleaned & include food debris on bottom of freezer door	

Received by (name and title printed): Nina Lopez

Received by (signature): Nina Lopez

Inspected by (name and title printed): Angela R. McCallum

Inspected by (signature): [signature] 7810

cc: | cc: | cc: