



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

10 Days

Date

11/24/2025

No. of Risk Factor/Intervention Violations

2

Time In

11/24/2025

No. of Repeat Risk Factor/Intervention
Violations

0

Time Out

11/25/2025

Establishment	Address	City/State	Zip Code	Telephone
Wendy's (not in) 2025-062	1223 Wabash Ave Marion Restaurants	Marion IN	46952	765646126

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status	COS	R
Supervision						
1 IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17 IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food	
2 IN	OUT N/A N/O	Certified Food Protection Manager		18 IN OUT N/A N/O	Proper cooking time & temperatures	
Employee Health						
3 IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 IN OUT N/A N/O	Proper reheating procedures for hot holding	
4 IN	OUT N/A N/O	Proper use of restriction and exclusion		20 IN OUT N/A N/O	Proper cooling time and temperature	
5 IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21 IN OUT N/A N/O	Proper hot holding temperatures	
Good Hygienic Practices						
6 IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22 IN OUT N/A N/O	Proper cold holding temperatures	
7 IN	OUT N/A N/O	No discharge from eyes, nose, and mouth		23 IN OUT N/A N/O	Proper date marking and disposition	
Preventing Contamination by Hands						
8 IN	OUT N/A N/O	Hands clean & properly washed		24 IN OUT N/A N/O	Time as a Public Health Control; procedures & records	
9 IN	OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory		
10 IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25 IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food	
Approved Source						
11 IN	OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations		
12 IN	OUT N/A N/O	Food received at proper temperature		26 IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered	
13 IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		27 IN OUT N/A N/O	Food additives: approved & properly used	
14 IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28 IN OUT N/A N/O	Toxic substances properly identified, stored, & used	
Protection from Contamination						
15 IN	OUT N/A N/O	Food separated and protected		29 IN OUT N/A N/O	Compliance with variance/specialized process/HACCP	
16 IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.		

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R	Compliance Status	COS	R
Safe Food and Water						
30	Pasteurized eggs used where required			43	In-use utensils: properly stored	
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled	
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored & used	
Food Temperature Control						
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly	
34	Plant food properly cooked for hot holding			Utensils, Equipment and Vending		
35	Approved thawing methods used			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips	
Food Identification						
37	Food properly labeled; original container			49	Non-food contact surfaces clean	
Prevention of Food Contamination						
38	Insects, rodents, & animals not present			Physical Facilities		
39	Contamination prevented during food preparation, storage & display			50	Hot & cold water available; adequate pressure	
40	Personal cleanliness			51	Plumbing installed; proper backflow devices	
41	Wiping cloths: properly used & stored			52	Sewage & wastewater properly disposed	
42	Washing fruits & vegetables			53	Toilet facilities: properly constructed, supplied, & cleaned	
Person In Charge (Signature)						
Inspector (Signature)						
Follow-up: YES <input checked="" type="radio"/>				(Circle one) Follow-up Date: 11-24-25		

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Establishment <i>Wendy's</i>	Address <i>1023 Wabash Ave</i>	City/State <i>Marion</i>	Zip Code <i>46952</i>	Telephone		
OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT						
Circle designated compliance status (IN, OUT, N/A) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable					Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation	
Compliance Status 57 IN OUT N/A N/O		Item/Location Outdoor Food Operation	Temp	Compliance Status 58 IN OUT N/A N/O	Item/Location Mobile Retail Food Establishment	Temp
TEMPERATURE OBSERVATIONS						
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
OBSERVATIONS AND CORRECTIVE ACTIONS						
Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.					Complete by Date:
151(a) C-40	Hair restraint - Male employees on cook line not wearing head guards					
143(a) C-55	Physical facility soiled - Heavy dust on top cook line to include hoods, walls, around ice machine					
Person In Charge (Signature)	<i>Jilly Sencley</i>					Date: 11-24-25
Inspector (Signature)	<i>OBM/MS/BS/10</i>					Date: 11-24-25