



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

Release Date

10 Days

Date

Time In

Time Out

10#
21

No. of Risk Factor/Intervention Violations

1

No. of Repeat Risk Factor/Intervention
Violations

0

Establishment	Address	City/State	Zip Code	Telephone
Wendy's	1410 So. Western Ave Marion IN	46953	765662-6546	
2025-061	marion restaurants	Routine	2	2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed 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		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				49	Non-food contact surfaces clean	
37	Food properly labeled; original container			Physical Facilities		
Prevention of Food Contamination						
38	Insects, rodents, & animals not present			50	Hot & cold water available; adequate pressure	
39	Contamination prevented during food preparation, storage & display			51	Plumbing installed; proper backflow devices	
40	Personal cleanliness			52	Sewage & wastewater properly disposed	
41	Wiping cloths: properly used & stored			53	Toilet facilities: properly constructed, supplied, & cleaned	
42	Washing fruits & vegetables			54	Garbage & refuse properly disposed; facilities maintained	
Person In Charge (Signature)				55	Physical facilities installed, maintained, & clean	
Inspector (Signature)				56	Adequate ventilation & lighting; designated areas used	

Date:

10-28-25

Follow-up: YES NO (Circle one) Follow-up Date:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

2025-061
License/Permit #

Date Oct. 28 2025

Establishment

Address

City/State

Zip Code

Telephone

Establishment	Address	City/State	Zip Code	Telephone
Demetra's	1410 S. Western Ave.	Madison	46933	—

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

TEMPERATURE OBSERVATIONS

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:
409 C-55	<p>Front on ceiling and walls around drive up area - needs cleaned</p> <p>Note * Deepst stand up freezer - pans need to be in working order</p>	

Person In Charge (Signature)

Date: 10/28/25

Inspector (Signature)

Date: 10-28-25

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 11-3-2025

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH
DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

8-14-2025 - Backflow prevention system annual inspection was done.
The following is my response to the inspection report prepared by the Health
Department Food Safety Officer Dean Small / Angela McCollum on 10-28-25
N/A Backflow prevention system annual inspection was done.
N/A Backflow prevention system annual inspection was done.

DATE ACTION TAKEN

10-1-2025 Nutritional Poster Posted in Dining Room

N/A All nutritional information can be found at Wendy's.com

N/A All employees have signed and are actively documented
with our Foodborne Illness Guidelines

10-29-2025 All ceiling tiles have been wiped down and cleaned

- Any additional information needed you may reach out directly to my cell phone
anytime needed. Chris (765) 661-6616

(Please forward this form to the Grant County Health Department by
Mail / Fax with 10 days)

Name Chris Chekouras Title Owner

Establishment Wendy's

Address 1110 S. Western Ave. Marion, IN 46953

Attach additional sheets as needed.