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**: ( ) Establishment ( ) Owner 662-6544	**Date of Inspection** (*mm/dd/yr*): 3/7/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1410 S Western Ave			
Owner: Marion Restaurants South	**Purpose**: ~~1. Routine~~ 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 104 E 4th St. Marion		**Summary of Violations**: C___ NC 1 R 1	
Person in Charge: Michelle			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1___ 2 X 3___ 4___ 5___	
Certified Food Handler: Corey Edwards			

- 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
308	NC	✓	HVAC Vents in Back Kitchen area by 3 bay sink are soiled with dust	Today

Received by (*name and title printed*): Michelle E. Sanchez

Received by (*signature*): Michelle E Sanchez

Inspected by (*name and title printed*): April Legare FS10

Inspected by (*signature*): April Legare

cc: | cc: | cc: