



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.

Form with fields: Establishment Name (Wendys #1086), Telephone Number (765 Establishment, 588 7488 Owner), Date of Inspection (2-9-22), ID # (27), Establishment Address (6255 ST Rd 18E MASON), Owner (Pilot Travel Centers LLC), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (P.O. Box 10146), Person in Charge (Tiffany), Responsible Person's E-mail, Certified Food Handler (Tiffany Bishir 7/2024)

• 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 171, C, Employee touching raw chicken without washing hands or using gloves on. To Be Corrected By: Food Remove. Row 2: 29.5, NC, At drive up condiment tray that holds plastic lids is soiled. To Be Corrected By: To dry.

Received by (name and title printed): Tiffany Bishir, Inspected by (name and title printed): Dean Smith FSO, Received by (signature): [Signature], Inspected by (signature): [Signature], cc: [Blank]

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 2-9-22

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

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

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 2-9-22.

DATE: 2-9 Action Taken:

Coached team member on the proper way to drop chicken. So these situations never happen again.
Condiment holder has been washed.

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Tiffany Bishir Title: RGM

Establishment Name: Wendys

Address: 6255 St Rt 18E