



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 <u>Wendy's</u>	Telephone Number () Establishment () Owner <u>662-6546</u>	Date of Inspection (mm/dd/yr) <u>3/7/24</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1410 S Western Ave</u>	Owner <u>Marion Restaurants South</u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>104 E 4th St. Marion</u>	Purpose: <u>1. Routine</u>	Summary of Violations: <u>C - NC 1 R 1</u>	
Person in Charge <u>Michelle</u>	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		
Responsible Person's E-mail		Menu Type (See back of page) <u>1 2 X 3 4 5</u>	
Certified Food Handler <u>Corey Edwards</u>			

- 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
<u>308</u>	<u>NC</u>	<u>✓</u>	<u>HVAC VENTS IN BACK KITCHEN AREA BY 3 bay sink are soiled with Dust</u>	<u>Today</u>

Received by (name and title printed): <u>Michelle E Sanchez</u>	Inspected by (name and title printed): <u>April Legare</u> FSIO
Received by (signature): <u>Michelle E Sanchez</u>	Inspected by (signature): <u>April Legare</u>
cc:	cc: