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: Wendy's #1086	Telephone Number: ( ) Establishment ( ) Owner 673-0059	Date of Inspection (*mm/dd/yr*): 2-9-24	ID #: 27
Establishment Address (*number and street, city, state, ZIP code*): 6255 State Rd 18 E			
Owner: Pilot Travel Centers, LLC	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: Same		Summary of Violations: C— NC— R—	
Person in Charge: Kristen			
Responsible Person's E-mail:		Menu Type (*See back of page*): 1 2 X 3 4 5	
Certified Food Handler: Kristen Brown 10/12/22			

- 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
			NO VIOLATIONS	

Received by (*name and title printed*): Kirsten Brown	Inspected by (*name and title printed*): Kyle Legare FSIO
Received by (*signature*): Kirsten Brown	Inspected by (*signature*): Kyle Legare
cc:	cc: / cc: