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 HAMBURGERS - SOUTH	**Telephone Number** 7656626546 ( ) Establishment ( ) Owner	**Date of Inspection** (mm/dd/yr) 8/26/17	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1410 S. WESTERN AVE - MARION			
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 106 E 4th ST. MARION		**Summary of Violations:** C — NC — R —	
Person in Charge X Chris Chekoura			
Responsible Person's E-mail N/A		**Menu Type** (*See back of page*) 1 2 X 3 4 5	
Certified Food Handler MICHELLE SANCHEZ 5-24-16			

• 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
			OK to OPEN	

Received by (*name and title printed*): X [signature] - Chris Chekouras - DM	Inspected by (*name and title printed*): [signature] - FSIO
Received by (*signature*): X [signature]	Inspected by (*signature*): [signature] - FSIO
cc:	cc:	cc: