



### 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 <b>Wendy's Hamburgers - South</b>	Telephone Number <b>765 262 2546</b>	Date of Inspection (mm/dd/yy) <b>8/26/17</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1410 S. WESTERN AVE - MARION</b>		Follow-up <b>NO</b>	
Owner <b>MARION RESTAURANTS SOUTH</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Release Date <b>10 days</b>	
Owner's Address <b>106 E 4th St. MARION</b>	Summary of Violations: <b>C - NC - R -</b>		Menu Type (See back of page) <b>1 2 X 3 4 5</b>
Person in Charge <b>Chris Chetkour</b>	Responsible Person's E-mail <b>N/A</b>		
Certified Food Handler <b>MICHELLE SANCHEZ 5-24-16</b>			

- 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
			<b>OK to OPEN</b>	

Received by (name and title printed): <b>X [Signature] - Chris Chetkouras - DM</b>	Inspected by (name and title printed): <b>Ralph Carr - FSD</b>	
Received by (signature): <b>X [Signature]</b>	Inspected by (signature): <b>[Signature] - FSD</b>	
cc:	cc:	cc: