



**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 <i>Wendy's Hamburgers - South</i>	Telephone Number <i>(662) 658-1111</i>	Date of Inspection <i>4-9-18</i>	ID # <i>27</i>
Establishment Address <i>1410 S. Western Ave Marion</i>			
Owner <i>Marion Restaurants</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>4-19-18</i>	Release Date <i>4-19-18</i>
Owner's Address <i>106 E 4th St Marion</i>		Summary of Violations: <i>C 1 NC 2 R 1</i>	
Person in Charge <i>Michelle Sanchez</i>		Menu Type (See back of page) <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>Michelle Sanchez 5-2021</i>			

- 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
138	NC	<input checked="" type="checkbox"/>	Employee's preparing food without hairnet or beard guard on. <i>* previous violation *</i>	Today
295	NC		the following "Non food" contact items ARE soiled w/ grease and other food debris 1) Inside microwave 2) Inside cooler by fryer on the bottom 3) Floors through out and behind fryers and back.	
129	C		Employee on cell phone at prep AREA. Hands should be free of any exposure to dirt/germs.	Today

Received by (name and title printed): <i>Michelle Sanchez</i>	Inspected by (name and title printed): <i>Deann Small FST</i>
Received by (signature): <i>Michelle Sanchez</i>	Inspected by (signature): <i>Deann Small FST</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-651-2401
Fax: 765-651-2419

DATE: 4/9/18
J

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

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 4-9-18.

DATE:	Action Taken:	
4/9/18	Put on beard guard * A previous violation from 2015 -	# 138
4/9/18	Cleaned microwave - cleaned Reach in - Said the floors were dirty under things he came after rush.	# 295 # 295
4/9/18	Employee put phone up and washed hands. He was told to be in designated area	# 129

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

Name of Respondent: Michelle Sanchez Title: TSM
Establishment Name: Wendy's South
Address: 1410 S Western Ave

- Attach additional sheets as needed.