



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

No. of Risk Factor/Intervention Violations

No. of Repeat Risk Factor/Intervention Violations

Date

Time In

Time Out

Establishment

Address

City/State

Zip Code

Telephone

License/Permit #

Permit Holder

Purpose of Inspection

Est. Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status

COS R

Supervision

1	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A N/O	Certified Food Protection Manager		

Employee Health

3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT N/A N/O	Proper use of restriction and exclusion		
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		

Good Hygienic Practices

6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		

Preventing Contamination by Hands

8	IN OUT N/A N/O	Hands clean & properly washed		
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		

Approved Source

11	IN OUT N/A N/O	Food obtained from approved source		
12	IN OUT N/A N/O	Food received at proper temperature		
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		

Protection from Contamination

15	IN OUT N/A N/O	Food separated and protected		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		

Compliance Status

COS R

17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food		
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Time/Temperature Control for Safety

18	IN OUT N/A N/O	Proper cooking time & temperatures		
19	IN OUT N/A N/O	Proper reheating procedures for hot holding		
20	IN OUT N/A N/O	Proper cooling time and temperature		
21	IN OUT N/A N/O	Proper hot holding temperatures		
22	IN OUT N/A N/O	Proper cold holding temperatures		
23	IN OUT N/A N/O	Proper date marking and disposition		
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records		

Consumer Advisory

25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food		
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Highly Susceptible Populations

26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered		
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Food/Color Additives and Toxic Substances

27	IN OUT N/A N/O	Food additives: approved & properly used		
28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used		

Conformance with Approved Procedures

29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP		
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Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

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R=repeat violation

Compliance Status

COS R

Safe Food and Water

30		Pasteurized eggs used where required		
31		Water & ice from approved source		
32		Variance obtained for specialized processing methods		

Food Temperature Control

33		Proper cooling methods used; adequate equipment for temperature control		
34		Plant food properly cooked for hot holding		
35		Approved thawing methods used		
36		Thermometers provided & accurate		

Food Identification

37		Food properly labeled; original container		
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Prevention of Food Contamination

38		Insects, rodents, & animals not present		
39		Contamination prevented during food preparation, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

Compliance Status

COS R

Proper Use of Utensils

43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45	X	Single-use/single-service articles: properly stored & used		
46		Gloves used properly		

Utensils, Equipment and Vending

47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49	X	Non-food contact surfaces clean		

Physical Facilities

50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & wastewater properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature)

Date:

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date:

Date _____

License/Permit # 226-0075 Date Sept 3 2026

Establishment

Address

City/State

Zip Code

Telephone

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

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N/A=not applicable

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Compliance Status

COS	R
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Compliance Status

COS	R
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57	IN OUT N/A N/O	Outdoor Food Operation
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58	IN	OUT	N/A	N/O	Mobile Retail Food Establishment
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TEMPERATURE OBSERVATIONS

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

Person In Charge (Signature)

Date: 9-3-24

Inspector (Signature)

Date: 9-3-26

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: Sept. 3 2006

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Sniell / Angela McCollum on _____

<u>DATE</u>	<u>ACTION TAKEN</u>
<u>309 C 49</u>	<u>Cleaned Hood were needed and</u>
<u>9-3-26</u>	<u>set up a plan for it to get cleaned</u>
	<u>twice a week on Friday + Tuesday.</u>
<u>9-3-26</u>	
<u>330 C 45</u>	<u>Cleaned the utensils that was</u>
	<u>in pan. Put in different spot for storage.</u>

(Please forward this form to the Grant County Health Department by
Mail/Fax with 10 days)

Name Charlotte Tenney Title Asst Rest GM

Establishment (Flying J) Wendy's

Address 6255 Str + 18 East Marion, IN 46952

Attach additional sheets as needed.