



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>Domino's</b>	Telephone Number ( ) Establishment <b>765 667-6060</b>	Date of Inspection (mm/dd/yr) <b>4/4/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1701 So. Western Ave., Marion, IN 46953</b>	Owner <b>Jeff Stegen</b>	Follow-up <b>NO</b>	Release Date <b>10 Days</b>
Owner's Address <b>Same</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>C 1 NC 3 R -</b>	
Person in Charge <b>Andrew</b>	Responsible Person's E-mail	Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Certified Food Handler <b>Nathan Lino</b>	<b>9/24/24</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
342	NC	1	Hand washing sink near drive thru	Today
345	C	2	No hot water Do not drain, closed - to include hand sink, rear prep area - hand washing facility shall be maintained and cleaned at all times	
433	NC		Map not hanging	
413	NC		Back door open - must be closed at all time or screened	

Received by (name and title printed): <b>ANDREW HARRIS</b>	Inspected by (name and title printed): <b>Angela R. McCollum</b>
Received by (signature): <b>Andrew Harris</b>	Inspected by (signature): <b>Angela R. McCollum</b>
cc:	cc: