



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 Domino's	Telephone Number () 765 Establishment Owner	Date of Inspection (mm/dd/yr) 4/14/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 170 170 S. Western Ave., Marion	Owner Jeff Stegen	Follow-up NO	Release Date 10 days
Owner's Address 50 me	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 9/24/24 	Summary of Violations: C 1 NC 3 R 1	
Person in Charge Andrew		Menu Type (See back of page) 1 2 X 3 4 5	
Responsible Person's E-mail Nathan.Lines			
Certified Food Handler ✓			

- 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
			Handwashing sink near door with no water	Today
3412	NC	1.	No hot water	
3415	C	2.	Door not, drain, closed - to include hand sink. Please open - hand washing pacifly shall be maintained and clean at all times.	
433	NC		Map not hanging	
413	NC		Back door open - must be closed at all times or screened	

Received by (name and title printed):

ANDREW HARRIS

Inspected by (name and title printed):

Received by (signature):

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