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** ( ) Establishment ( ) Owner 765 664-6060	**Date of Inspection** (*mm/dd/yr*) 10/2/24	**ID #** 27
Establishment Address (*~~number and street~~, city, state, ZIP code*) 710 S. Western Ave., Marion			
Owner Jeffrey Steigen	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** Today
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
~~Person in Charge~~ Sean	3. Complaint	C____ NC____ R____	
Responsible Person's E-mail	4. Pre-Operational		
	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler Nathan Lunez Issued 2/22	6. HACCP		
	7. Other (*list*)	1____ 2 X 3____ 4____ 5____	

• 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
			No Violations	

Received by (*name and title printed*): Sean Harms	Inspected by (*name and title printed*): Angela McCallum
Received by (*signature*):	Inspected by (*signature*):
cc:	cc: