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: DOMINOS	**Telephone Number**: (765) Establishment ( ) Owner 664-6060	**Date of Inspection** (mm/dd/yr): 6-4-21	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 1701 S Western Ave Marion			
Owner: Jeff Stegner	**Purpose**: 1. Routine	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 19 Mahnaki Dr West Lafayette	2. Follow-up 3. Complaint	**Summary of Violations**: C 1 NC — R 1	
Person in Charge: Jonathan Hall	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** (See back of page): 1 2 X 3 4 5	
Certified Food Handler: Kyle Cansler Exp 4-2025	7. Other (list)		

- 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
345	C	X	3 Sinks for Hand washing are covered with Food debris 1) By Toppings Bar 2) By Drive Thru Window also blocked by Boxes 3) In Storage area also cup sitting in sink	Today

Received by (name and title printed): Jonathan Hall

Received by (signature): Jonathan Hall

Inspected by (name and title printed): Scott Kirkendall

Inspected by (signature): Scott Kirkendall FSO

cc: | cc: | cc: