



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

Release Date	10 Days	Date <i>7-1-25</i>
No. of Risk Factor/Intervention Violations	0	Time In <i>11:25</i>
No. of Repeat Risk Factor/Intervention Violations	0	Time Out

Establishment	Address	City/State	Zip Code	Telephone
Domino's	1307 North Cass Street	Wabash, Indiana	46992	(206) 377-4500
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
532	Jeffery Stegen	<i>Routine</i>		Restaurant

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	Compliance Status	COS	R			
Supervision									
1 IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17 IN	OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food			
2 IN	OUT N/A N/O	Certified Food Protection Manager		18 IN	OUT N/A N/O	Proper cooking time & temperatures			
Employee Health									
3 IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 IN	OUT N/A N/O	Proper reheating procedures for hot holding			
4 IN	OUT N/A N/O	Proper use of restriction and exclusion		20 IN	OUT N/A N/O	Proper cooling time and temperature			
5 IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21 IN	OUT N/A N/O	Proper hot holding temperatures			
Good Hygienic Practices									
6 IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22 IN	OUT N/A N/O	Proper cold holding temperatures			
7 IN	OUT N/A N/O	No discharge from eyes, nose, and mouth		23 IN	OUT N/A N/O	Proper date marking and disposition			
Preventing Contamination by Hands									
8 IN	OUT N/A N/O	Hands clean & properly washed		24 IN	OUT N/A N/O	Time as a Public Health Control; procedures & records			
9 IN	OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory					
10 IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25 IN	OUT N/A N/O	Consumer advisory provided for raw/undercooked food			
Approved Source									
11 IN	OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations					
12 IN	OUT N/A N/O	Food received at proper temperature		26 IN	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered			
13 IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		27 IN	OUT N/A N/O	Food additives: approved & properly used			
14 IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28 IN	OUT N/A N/O	Toxic substances properly identified, stored, & used			
Protection from Contamination									
15 IN	OUT N/A N/O	Food separated and protected		29 IN	OUT N/A N/O	Compliance with variance/specialized process/HACCP			
16 IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		Risk factors					
GOOD RETAIL PRACTICES									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									

Compliance Status		COS	R	Compliance Status	COS	R
Safe Food and Water						
30	Pasteurized eggs used where required			43	In-use utensils: properly stored	
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled	
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored & used	
Food Temperature Control						
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly	
34	Plant food properly cooked for hot holding			Utensils, Equipment and Vending		
35	Approved thawing methods used			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips	
Food Identification				49	Non-food contact surfaces clean	
37	Food properly labeled; original container			Physical Facilities		
Prevention of Food Contamination						
38	Insects, rodents, & animals not present			50	Hot & cold water available; adequate pressure	
39	Contamination prevented during food preparation, storage & display			51	Plumbing installed; proper backflow devices	
40	Personal cleanliness			52	Sewage & wastewater properly disposed	
41	Wiping cloths: properly used & stored			53	Toilet facilities: properly constructed, supplied, & cleaned	
42	Washing fruits & vegetables			54	Garbage & refuse properly disposed; facilities maintained	
Person In Charge (Signature) <i>Jeffery Stegen</i>				55	Physical facilities installed, maintained, & clean	
Inspector (Signature) <i>Allen M</i>				56	Adequate ventilation & lighting; designated areas used	
Follow-up: YES NO (Circle one) Follow-up Date: <i>7-1-25</i>						



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Date

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Telephone
(206) 377-4500

OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date: _____

Inspector (Signature)

Date: