Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
DTID INDIANA PIZZA. LLC (DOMINO'S)	Est 812-923-9393	06/30/2025	
Address 748 HIGHLANDER POINT DRIVE, FLOYDS KNOBS IN 47119	Own 812-947-1107		

Owner	Purpose	Follow Up	Released
MICHAEL HARDING	X Routine		06/30/2025
Owner's Address 7220 WINDSOR DR ALLENTOWN, PA 18106	___Follow-up		
Person in Charge CARSON THOMPSON	___Complaint		
Responsible Person's Email DOMINOSTILIDIE@HOTMAIL.COM	___Pre-Operational		
	___Temporary	**Menu Type**	
	___HACCP	1 __ 2 X 3 __ 4 __ 5 __	
Certified Food Handler KIMBERLY BROWN	___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 NARRAIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
324	X			Observed the drain pipe on the kitchen handwashing sink dripping.	1 week
411		X		Observed 1 lightbulb out in the warewashing area and 5 lightbulbs out in prep and storage area.	10 days
291		X		Observed no quat sanitizer test strips.	3 days
438	X			Observed a blue spray bottle without a label or name.	1 day
294	X			Observed the sanitizer dispenser not dispensing sanitizer. Sani-bucket was measured below 100 ppm. Sanitizer should be added manually until repaired.	1 day
256		X	X	Observed no ambient air thermometer in the prep cooler.	3 days

DISCUSSED ILLNESS POLICY, VOMIT AND DIAHREAL CLEANUP PROCEDURE AND ADDING HANDWASHING SIGNS TO SINKS.

Summary of Violations C 3 NC 3 R 1 — 6

Received by (name and title printed):	Inspected by (name and title printed):
MICHAEL HARDING	Thomas Snider CFS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: