



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

Release Date

10 Days

Date

9/24/25
Time In
10:00
Time Out
10:07

No. of Risk Factor/Intervention Violations

2

No. of Repeat Risk Factor/Intervention
Violations

1

Establishment

Domino's #1701 Southeastern

City/State

Marion IN

Zip Code

46953

Telephone

756646060

License/Permit #

2025-153

Permit Holder

Jeff Stegeman

Purpose of Inspection

Routine

Est. Type

2

Risk Category

2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

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		Conformance with Approved Procedures		
16 IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		29 IN OUT N/A N/O	Compliance with variance/specialized process/HACCP	

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

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
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						
37	Food properly labeled; original container			49	Non-food contact surfaces clean	
Prevention of Food Contamination						
38	Insects, rodents, & animals not present			Physical Facilities		
39	Contamination prevented during food preparation, storage & display			50	Hot & cold water available; adequate pressure	
40	Personal cleanliness			51	Plumbing installed; proper backflow devices	
41	Wiping cloths: properly used & stored			52	Sewage & wastewater properly disposed	
42	Washing fruits & vegetables			53	Toilet facilities: properly constructed, supplied, & cleaned	
Person In Charge (Signature)						
Inspector (Signature)						

Follow-up: YES NO (Circle one) Follow-up Date:

 RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION				<i>2055-153</i>	Date <i>Sept 26 2025</i>
Establishment <i>Dominos</i>	Address <i>1701 So. Western</i>	City/State <i>Marion IN</i>	Zip Code <i>46953</i>	Telephone	

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observation	Corrective Action	Complete by Date
347a	PF-10 Hand sink at the drive thru and pizza prep area has no hot water To include back hand sink has a leak * Hand sink water must be at temp of 85° or higher		ASAP
442a	C-55 Tiles along baseboard along missing pieces and has a dark debris on them - removed from the washer/dryer To include dark debris under 3 bay sink area		

Published Comment

Person In Charge (Signature) <i>John M. Smith</i>	Date:
Inspector (Signature) <i>John M. Smith</i>	Date: <i>9/26/2025</i>