

Suspect Food Epi Phone Intake

Date Received: 9/30/14 Time: 10:38 Received by: CS Reported by: CASE FE Phone: _____

Name: Michael E. Norman ☒ M ☐ F Phone: (206) 250-6835 Diane Norman
(First) (Last) (Area Code) (Include home(H) work (w) message(M))

Address: normanteam@gmail.com Age/DOB: 4/18/64 Grade/level Comp: _____
(Mailing) (Number) (Street) (City) (State) (Zip)

Ate At (FE): Domino's FE Address: 2800 Milton Way, Milton
(Number) (Street) (City) (State) (Zip)

Date of Meal: 9/19 Time Ate: _____ ☐ AM ☐ PM Date/Time of 1st symptom: _____ ☐ AM ☐ PM Incub: _____

Food Eaten: Pizza - Canadian bacon + pineapple (1/2 no pineapple)

Dia: ☐ Yes ☐ No Blod: ☐ Yes ☐ No Cra: ☐ Yes ☐ No Nau: ☐ Yes ☐ No Vom: ☐ Yes ☐ No Fev: ☐ Yes ☐ No Temp: _____ °F Rash: ☐ Yes ☐ No
 Other: Head Ache: ☐ Yes ☐ No Body Aches: ☐ Yes ☐ No Dizzy: ☐ Yes ☐ No Tingling/numb: ☐ Yes ☐ No Vis dis: ☐ Yes ☐ No Duration: _____

List *all* meals foods/drinks/snacks eaten during the 3 days (72 hours) *before* the suspect meal. Include location/time of meal including home/FE.

DATE: _____

Breakfast: _____
(Time) (Foods) (Location(s))

Lunch: _____
(Time) (Foods) (Location(s))

Dinner: _____
(Time) (Foods) (Location(s))

Snacks: _____
(Time) (Foods) (Location(s))

DATE: _____

Breakfast: _____
(Time) (Foods) (Location(s))

Lunch: _____
(Time) (Foods) (Location(s))

Dinner: _____
(Time) (Foods) (Location(s))

Snacks: _____

DATE: _____

Breakfast: _____
(Time) (Foods) (Location(s))

Lunch: _____
(Time) (Foods) (Location(s))

Dinner: _____
(Time) (Foods) (Location(s))

Snacks: _____
(Time) (Foods) (Location(s))

☐ Left Message ☐ Unable to Reach/Leave Message ☐ Wrong Number ☐ Call back Later ☐ Other _____

Complaint ☒ Yes ☐ No C00038825 - Choking after Swallowing pizza,
Stomach pain followed by surgery. Found 2 metal wires in gut
 Case Number: 2014-236
 G:\libshare\SafeEpiForms and Flowcharts\1 REVISED 100813 OVER

Name/Relationship	Food Eaten Times/Locations/Symptoms	D/T/Onset
1.	BKF: LUN: DIN: SNA: Symptoms: <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> N <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> O:	mm dd yy AOP Incu/hrs
Phone:		
2.	BKF: LUN: DIN: SNA: Symptoms: <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> N <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> O:	mm dd yy AOP Incu/hrs
Phone:		
3.	BKF: LUN: DIN: SNA: Symptoms: <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> N <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> O:	mm dd yy AOP Incu/hrs
Phone:		
4.	BKF: LUN: DIN: SNA: Symptoms: <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> N <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> O:	mm dd yy AOP Incu/hrs
Phone:		
5.	BKF: LUN: DIN: SNA: Symptoms: <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> N <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> O:	mm dd yy AOP Incu/hrs
Phone:		
6.	BKF: LUN: DIN: SNA: Symptoms: <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> N <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> O:	mm dd yy AOP Incu/hrs
Phone:		
7.	BKF: LUN: DIN: SNA: Symptoms: <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> N <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> O:	mm dd yy AOP Incu/hrs
Phone:		
8.	BKF: LUN: DIN: SNA: Symptoms: <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> N <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> O:	mm dd yy AOP Incu/hrs
Phone:		

Treated At: Valley Med. Center Date: 9/23 Physician: _____

Comments: 9/26 Surgery, Discharged 10/1

Dr. Gabriel Alperovich 253-220-8091

Pathology - Amy 425-251-5168

Recent contact with ill people: ☐ Yes ☐ No Recent trips: ☐ Yes ☐ No Contact with animals/pets: ☐ Yes ☐ No
 Attended recent parties/events etc.: ☐ Yes ☐ No Involved in diaper changing: ☐ Yes ☐ No Medication: ☐ Yes ☐ No
 Public water supply: ☐ Yes ☐ No Recent recreational water activities: ☐ Yes ☐ No Travel Outside US: ☐ Yes ☐ No
 Refer to: ☐ Not Applicable ☐ EH Water ☐ CD ☐ DOH Epi ☐ DOH Shellfish ☐ DOH ☐ FDA ☐ WSDA ☐ USDA ☐ Other
 Interviewed by: CS Date: 10/1 Time Spent: _____ min. Likely: ☐ Yes ☐ No Assign: ☐ Yes ☐ No Sent Form: ☐ Yes ☐ No

Christina Sherman

From: Norman Team [normanteam@gmail.com]
Sent: Wednesday, October 01, 2014 3:52 PM
To: Christina Sherman
Cc: Bill Marler
Subject: Complaint #CO 0038825
Attachments: photo(29).JPG

Christine,

Per our conversation I have attached a picture of the left over pizza that I have in my freezer.

Please let me know if there is anything else you need.

Thank you,
Diane Norman



Food Establishment Inspection Report

FOR OFFICE ONLY



EMAIL

NAME OF ESTABLISHMENT

ADDRESS OR LOCATION

CITY

DOMINO'S

2800 Milton Way

Milton

MEALS SERVED B L D C O
MEALS OBSERVED B L D C O

PURPOSE OF INSPECTION

☐ Routine ☐ Preoperational ☐ Reinspection
☐ Illness Investigation ☐ Temporary ☒ Complaint
☐ Other:

ESTABLISHMENT TYPE

RISK CATEGORY

DATE

TIME IN

ELAPSED TIME

TOTAL POINTS

RED POINTS

REPEAT RED

BLANK BOX

PHONE

10-1-14

1:40

40

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points
	While on site, gathered processes:	
	- Dough comes already in a ball form from outside company.	
	- Dough is stretched and placed on a metal screen.	
	- Toppings added.	
	- Baked in oven.	
	- Removed from oven with pizza paddle while still on screen.	
	- Pizza put in box after screen is removed.	
	The wire brush is used only to clean the wire rack inside the oven at the end of the day. Some wear observed on the brush bristles.	
	Did not observe excessive wear on the pizza screens or any missing metal. Screens are cleaned with a plastic bristled brush at the end of the day if excessive char buildup is observed.	

Comments

Purpose: To conduct a complaint inspection regarding foreign items found in a pizza.

Person In Charge (Signature)

Person In Charge (Print Name)

Date

10-1-14

Regulatory Authority (Signature)

Regulatory Authority (Print Name)

Christina Sherman

Follow-up Needed?

Yes

No

Food Establishment Inspection Report

FOR OFFICE: ONLY



EMAIL

NAME OF ESTABLISHMENT

ADDRESS OR LOCATION

CITY

Domino's

12800 Milton Way

Milton

MEALS SERVED B L D C O

PURPOSE OF INSPECTION

☐ Routine

☐ Illness Investigation

☐ Other:

☐ Preoperational

☐ Temporary

☐ Reinspection

☒ Complaint

ESTABLISHMENT TYPE

RISK CATEGORY

DATE

TIME IN

ELAPSED TIME

TOTAL POINTS

RED POINTS

REPEAT RED

BLANK BOX

PHONE

10-1-14

1:40

40

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OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Violations cited in this report must be corrected within the time frames specified.

Points

Dough comes from Domino's commissary in Kent, WA.

DPD LLC - Washington
8005 South 266th Street, Suite 101
Kent, WA 98032

The cutting knives appeared to be free of wear or missing pieces

Comments

Person In Charge (Signature)

Person In Charge (Print Name)

Date

Regulatory Authority (Signature)

Regulatory Authority (Print Name)

Follow-up Needed?

Yes

No

Christina Sherman
952 200 001

Complaint Case Information Sheet

Assigned To: Christina Sherman

Received Date: 09/30/2014

Closed Date: 10/01/2014

CO0038825 **Site Address:** 2800 Milton WAY , Milton , 98354

Case Status: Active, high priority

Property Owner: Carpe Diem Pizza, Inc

Complaint Description: 2014-236

Per Diane Norman, complainant ate a piece of canadian bacon and pineapple pizza and immediately started choking. Complainant then drank water to wash it down and it didn't help. Complainant then ate a piece of bread and was able to dislodge the offending food from his throat.

After experiencing stomach pain, complainant went to ER and found two metal wires in his intestine.

Violation	Comply By Date	Complied On Date
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Activity Date: 10/01/2014

Employee: Christina Sherman

Service: Complaint Inspection (Non illness) - F&CS

Result: NOT APPLICABLE

Action: NOT APPLICABLE

Comments: Purpose: To conduct a complaint inspection regarding foreign items found in a pizza

While on site, gathered processes.

- Dough comes already in a ball form from outside company.
- Dough is stretched and placed on a metal screen.
- Toppings added.
- Baked in oven.
- Removed from oven with pizza paddle while still on screen
- Pizza cut in box after screen is removed.

The wire brush is used only to clean the wire rack inside the oven at the end of the day Some wear observed on the brush bristles.

Did not observe excessive wear on the pizza screens or any missing metal Screens are cleaned with a plastic bristled brush at the end of the day if excessive char buildup is observed

Dough comes from Dominds commissary in Kent, WA.

DPD LLC - Washington
8005 South 266th Street, Suite 101
Kent, WA 98032

The cutting knives appeared to be free of wear or missing pieces

Activity Date: 10/01/2014

Employee: Christina Sherman

Service: CORRESPONDENCE-LTR/MEMO/FAX/RPT

Result: NOT APPLICABLE

Action: NOT APPLICABLE

Comments: Received a photo of the pizza that was saved by the complainant A half to 3/4 inch wire is visible.

Activity Date: 10/02/2014

Service: CONSULTATION- TELEPHONE

Employee: Christina Sherman

Result: NOT APPLICABLE

Action: NOT APPLICABLE

Comments: Called Pathology Dept for Valley Medical Center and advised Amy that I no longer needed photos of the metal wires that were removed from Mr. Norman. Explained that I had received a photo of the remaining pizza from Mrs. Norman with the metal wire. Told Amy to hold the specimen for Mr. Norman's lawyer to pick up.

Activity Date: 10/02/2014

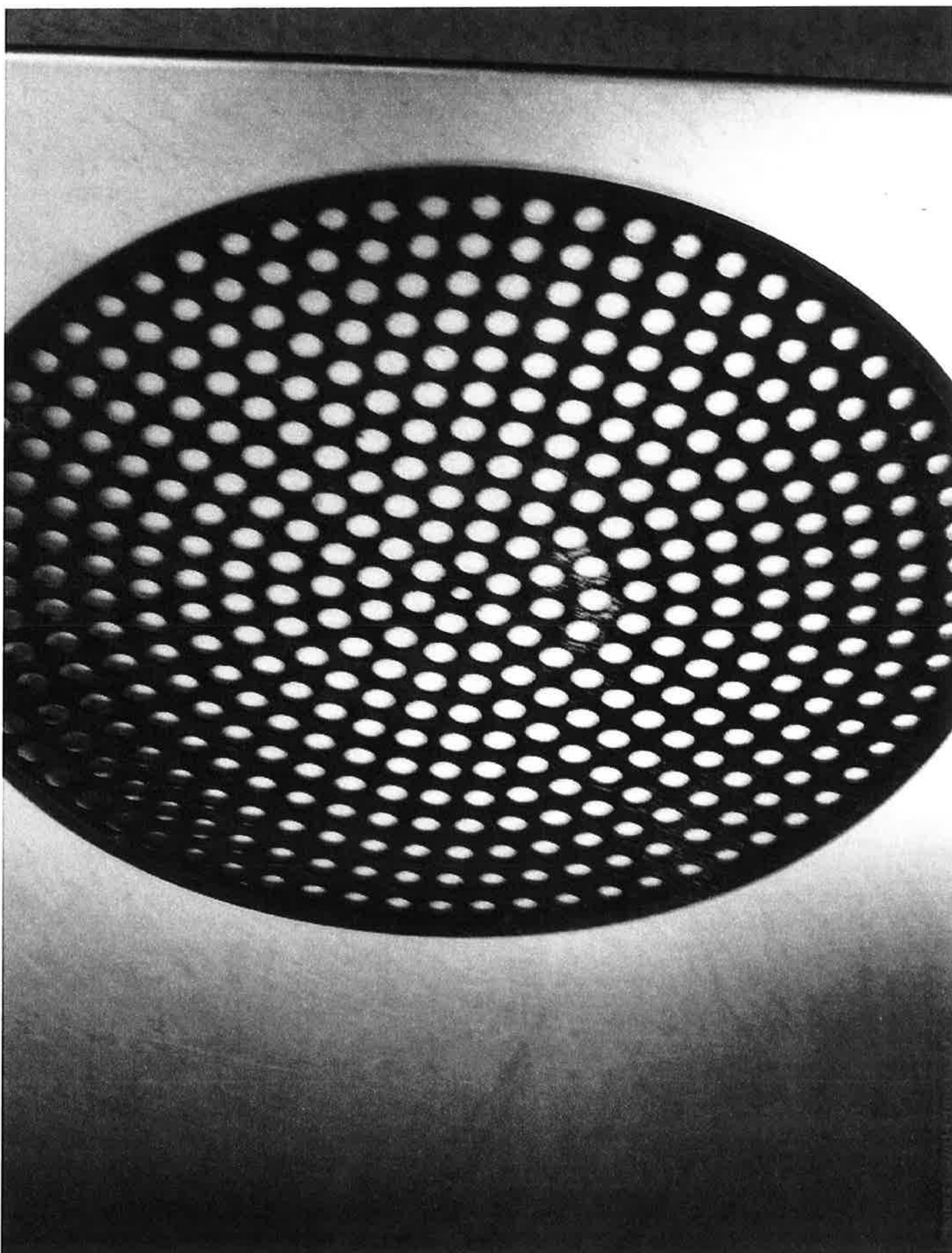
Service: CONSULTATION- TELEPHONE

Employee: Christina Sherman

Result: NOT APPLICABLE

Action: NOT APPLICABLE

Comments: Called Mrs. Norman to let her know that I called Pathology and told them I no longer needed photos of the specimens. Also told Mrs. Norman to have her lawyer pick up the specimens from Pathology and the pizza she was retaining in her freezer.





P a g e # 3

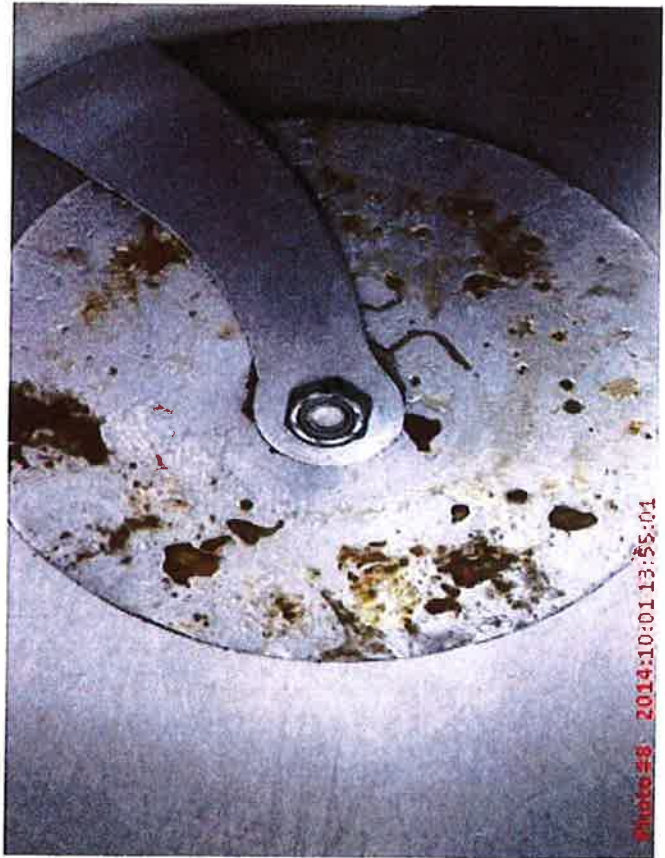




Photo #10 2014:10:01 14:04:00



Photo #11 2014:10:01 14:04:12



Photo #12 2014:10:01 14:04:19

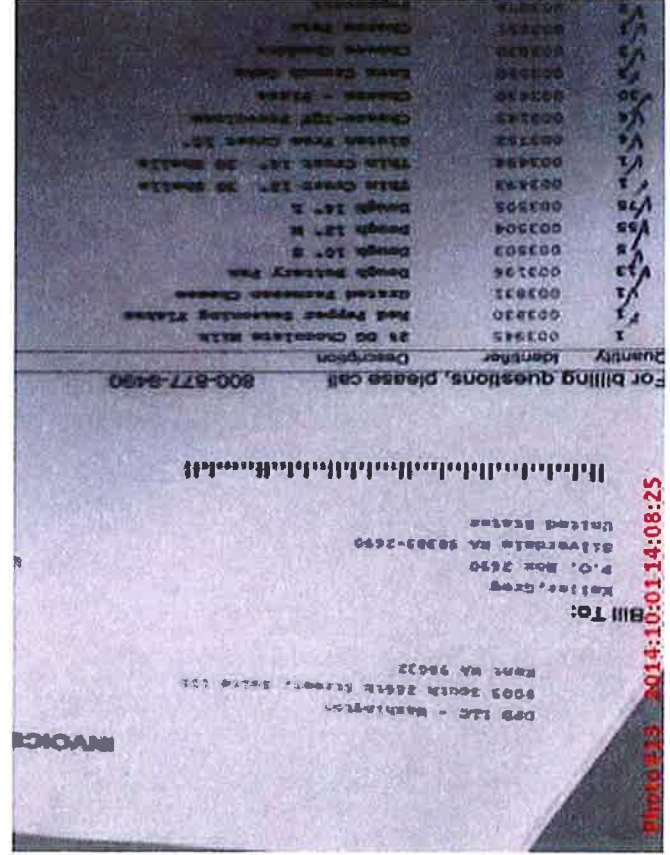
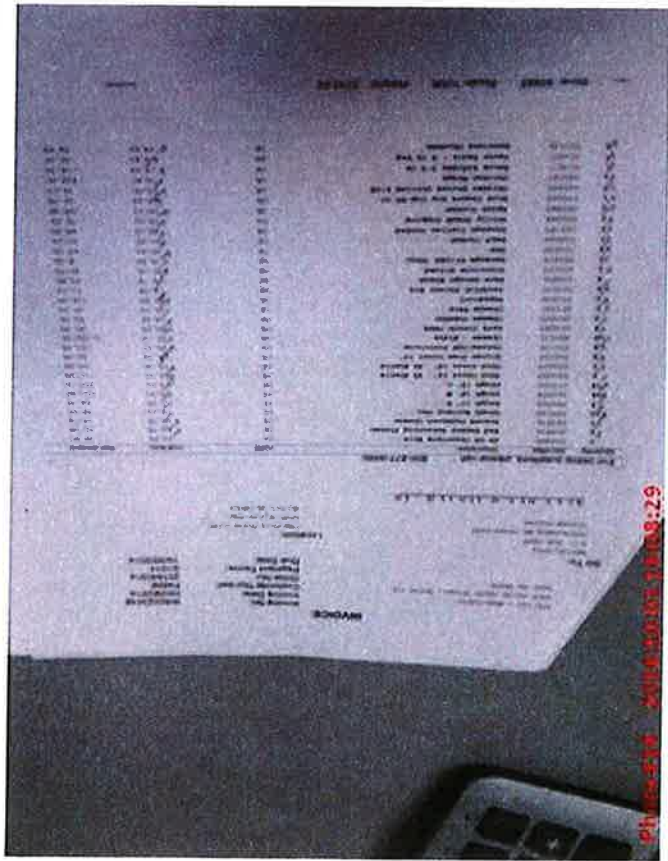


Photo #13 2014:10:01 14:08:25



INVOICE

2800 1st - Washington
2800 South 28th Street, Suite 101
Tomb, MA 01061

Invoice No.
Invoice Date
Customer Number
Order No.
Payment Terms
Due Date

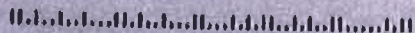
WAD023438
06/29/2014
F4898
201640914
S1011
10/20/2014

Bill To:

Carpe Diem
P.O. Box 2800
2800 South 28th Street, Suite 101
Tomb, MA 01061

Location:

2800 1st - Washington
2800 South 28th Street, Suite 101
Tomb, MA 01061



For billing questions, please call

800-577-9490

Quantity	Description	UPC	Unit Amt	Net Amount
000000	1/2 lb Chocolate Malt	CA	12.00	12.00
000000	Red Pepper Sausage Filled	CA	21.00	21.00
000000	Grated Parmesan Cheese	CA	12.00	12.00
000000	Dough Delivery Fee	FF	12.00	12.00
000000	Dough 15" 6	FF	12.00	12.00
000000	Dough 12" 6	FF	12.00	12.00
000000	Dough 10" 1	FF	12.00	12.00
000000	Thin Crust 12" 30 Shells	CA	12.00	12.00
000000	Thin Crust 14" 30 Shells	CA	12.00	12.00
000000	Gluten Free Crust 12"	CA	12.00	12.00
000000	Cheddar 1/2 lb Provolone	CA	12.00	12.00
000000	Cheddar - Pizza	CA	12.00	12.00
000000	Low Grease Cake	CA	12.00	12.00
000000	Cheddar Cheddar	CA	12.00	12.00
000000	Cheddar Feta	CA	12.00	12.00
000000	Pepperoni	CA	12.00	12.00
000000	Handmade Italian Saus	CA	12.00	12.00
000000	Four Cheese Blend	CA	12.00	12.00
000000	Provolone Sliced	CA	12.00	12.00
000000	Sausage Sliced (Hot)	CA	12.00	12.00
000000	Ham	CA	12.00	12.00
000000	Beef Ground	CA	12.00	12.00
000000	Sausage Italian Saus	CA	12.00	12.00
000000	Chili Sausage Topping	CA	12.00	12.00
000000	Sausage Ground	CA	12.00	12.00
000000	Thin Cheese Top Cup-60 ct.	CA	12.00	12.00
000000	Chicken Strips Skilled 2/48	CA	12.00	12.00
000000	Chicken Wings	CA	12.00	12.00
000000	Sausage Alfredo 2-3 lb	CA	12.00	12.00
000000	Pasta Sauce - 1 lb bag	CA	12.00	12.00
000000	Roasted Chicken	CA	12.00	12.00

Store: 07947 Route: 11/08 Weight: 3703.06

201640914

Food Establishment Inspection Rep

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Inspection ID: SN0436685		Facility ID: FA0001386		Program ID: PR0001676	
NAME OF ESTABLISHMENT Domino's Pizza #7047			LOCATION 2800 Milton WAY, Milton, WA 98354		EMAIL kenrais@q.com
MEALS SERVED: L D MEALS OBSERVED: L		PURPOSE OF INSPECTION Routine		ESTABLISHMENT TYPE 1020-FOOD ESTABLISHMENT (0-25 SEATS)	
DATE 10/08/2014	TIME IN 2:29:30PM	ELAPSED TIME 72.00 min	TOTAL POINTS 30	RED POINTS 25	REPEAT RED 10
PHONE NUMBER (253) 927-0303					

RED HIGH RISK FACTORS

High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.

Rectangles indicate compliance status (IN, OUT, NO, NA) for each item.

IN = In Compliance OUT = Not In Compliance NO = Not Observed NA = Not Applicable CDI = Corrected During Inspection R = Repeat Violation

Compliance Status			CDI	R	PT	Compliance Status			CDI	R	PT
Demonstration of Knowledge						Potentially Hazardous Food Time/Temperature					
1	IN	OUT			5	16	IN	OUT	NA	NO	25
PIC certified by accredited program, or compliance with Code, or correct answers						Proper cooling procedures					
2	IN	OUT			5	17	IN	OUT	NA	NO	25
Food Worker Cards current for all food workers; new food workers trained						Proper hot holding temperatures (5 pls. if 130° F to 134° F)					
Employee Health						Consumer Advisory					
3	IN	OUT			25	18	IN	OUT	NA	NO	25
Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness						Proper cooking time and temperature; proper use of non-continuous cooking					
Preventing Contamination by Hands						No room temperature storage; proper use of time as a control					
4	IN	OUT	NO		25	19	IN	OUT	NA	NO	25
Hands washed as required						Proper reheating procedures for hot holding					
5	IN	OUT	NA	NO	25	20	IN	OUT	NA	NO	15
Proper barriers used to prevent bare hand contact with ready-to-eat foods						Proper cold holding temperatures (5 pls. if 42° F to 45° F)					
6	IN	OUT			10	21	IN	OUT	NA		10
Adequate handwashing facilities						Accurate thermometer provided and used to evaluate temperature of PHF					
Approved Source, Wholesome, Not Adulterated						Chemical					
7	IN	OUT			15	22	IN	OUT	NA		5
Food obtained from approved source						Toxic substances properly identified, stored, used					
8	IN	OUT			15	Conformance with Approved Procedures					
Water supply, ice from approved source						Compliance with risk control plan, variance, plan of operation; valid permit; approved procedures for non-continuous cooking					
9	IN	OUT	NA	NO	10	26	IN	OUT	NA		10
Proper washing of fruits and vegetables						Variance obtained for specialized processing methods (e.g. ROP)					
10	IN	OUT			10	Red Points					
Food in good condition, safe and unadulterated; approved additives						25					
11	IN	OUT			10	BLUE LOW RISK FACTORS					
Proper disposition of returned, previously served, unsafe, or contaminated food						Low Risk Factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Highlighted violations indicate items not in compliance.					
12	IN	OUT	NA	NO	5	Food Temperature Control					
Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish						28 Food received at proper temperature					
Protection from Cross Contamination						29 Adequate equipment for temperature control					
13	IN	OUT	NA	NO	15	30 Proper thawing methods used					
Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination						Food Identification					
14	IN	OUT	NA	NO	5	31 Food properly labeled					
Raw meats below or away from ready-to-eat food; species separated						Protection from Contamination					
15	IN	OUT	NA	NO	5	32 Insects, rodents, animals not present; entrance controlled					
Proper handling of pooled eggs						33 Potential food contamination prevented during delivery, preparation, storage, display					
Utensils and Equipment						34 Wiping cloths properly used, stored; proper sanitizer					
40 Food and nonfood surfaces properly used and constructed; cleanable						35 Employee cleanliness and hygiene					
41 Warewashing facilities properly installed, maintained, used; test strips available and used						36 Proper eating, tasting, drinking, or tobacco use					
42 Food-contact surfaces maintained, cleaned, sanitized						Proper Use of Utensils					
43 Nonfood-contact surfaces maintained and clean						37 In-use utensils properly stored					
Physical Facilities						38 Utensils, equipment, linens properly stored, used, handled					
44 Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains, no cross-connections						39 Single-use and single-service articles properly stored, used					
45 Sewage, wastewater properly disposed						Blue Points					
46 Toilet facilities properly constructed, supplied, cleaned						6					
47 Garbage, refuse properly disposed; facilities maintained											
48 Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment											
49 Adequate ventilation, lighting; designated areas used											
50 Posting of permit; mobile establishment name easily visible											

Compliance Status			CDI	R	PT	Compliance Status			CDI	R	PT
Food Temperature Control						Utensils and Equipment					
28	IN	OUT			5	40	IN	OUT	NA	NO	5
Food received at proper temperature						Food and nonfood surfaces properly used and constructed; cleanable					
29	IN	OUT			5	41	IN	OUT	NA	NO	5
Adequate equipment for temperature control						Warewashing facilities properly installed, maintained, used; test strips available and used					
30	IN	OUT			3	42	IN	OUT	NA	NO	5
Proper thawing methods used						Food-contact surfaces maintained, cleaned, sanitized					
Food Identification						Nonfood-contact surfaces maintained and clean					
31	IN	OUT			5	Physical Facilities					
Food properly labeled						Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains, no cross-connections					
Protection from Contamination						Sewage, wastewater properly disposed					
32	IN	OUT			5	Toilet facilities properly constructed, supplied, cleaned					
Insects, rodents, animals not present; entrance controlled						Garbage, refuse properly disposed; facilities maintained					
33	IN	OUT			5	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment					
Potential food contamination prevented during delivery, preparation, storage, display						Adequate ventilation, lighting; designated areas used					
34	IN	OUT			5	Posting of permit; mobile establishment name easily visible					
Wiping cloths properly used, stored; proper sanitizer						Blue Points					
35	IN	OUT			3	6					
Employee cleanliness and hygiene											
36	IN	OUT			3						
Proper eating, tasting, drinking, or tobacco use											
Proper Use of Utensils											
37	IN	OUT			3						
In-use utensils properly stored											
38	IN	OUT			3						
Utensils, equipment, linens properly stored, used, handled											
39	IN	OUT			3						
Single-use and single-service articles properly stored, used											

Person in Charge: James Tyler
 Regulatory Authority: Michael Johnson
 Phone: (253) 798-2794 Email: mjohnson@tpchd.org

Signature: *James Tyler* Date: 10/08/2014
 Signature: *Michael Johnson* Follow-up Needed? NO

Food Establishment Inspection Report

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Inspection ID: SN0436685		Facility ID: FA0001386		Program ID: PR0001676	
NAME OF ESTABLISHMENT Domino's Pizza #7047			LOCATION 2800 Milton WAY, Milton, WA 98354		EMAIL kenrais@q.com
MEALS SERVED: L D		PURPOSE OF INSPECTION Routine		ESTABLISHMENT TYPE 1020-FOOD ESTABLISHMENT (0-25 SEATS)	
MEALS OBSERVED: L					
DATE 10/08/2014	TIME IN 2:29:30PM	ELAPSED TIME 72.00 min	TOTAL POINTS 30	RED POINTS 25	REPEAT RED 10
			PHONE NUMBER (253) 927-0303		
OBSERVATIONS AND CORRECTIVE ACTIONS					
Item Number	Violations cited in this report must be corrected within the time frames specified.				Points
06	<p>Adequate hand washing facilities.</p> <p>Observed a large pan sitting on top of the handwashing sink in the back by the 3 compartment sink. Employee stated it might have been placed there to dry.</p> <p>Ensure handwash sinks are accessible at all times. Do not store anything in, on top of, or in front of a handwash sink.</p> <p>Pan was moved from the sink and placed back on the 3 compartment sink. Discussed with person in charge that all handwashing sinks must be accessible at all times and dishes are not allowed to be air-dried on handwashing sinks.</p>				10
21	<p>Proper cold holding temperatures.(10 points if over 45°F)</p> <p>Observed 2 garden salads 51 F and a chicken caesar salad 48 F, cold holding in the customer reach-in refrigerator. Employee stated the salads were made from cold ingredients 3 hours ago. Employee stated it takes about 10 minutes to make 5 salads.</p> <p>Observed sliced Italian sausage, 47 F, cold holding in the top insert in the preparation table refrigerator. Person in charge stated the sausage has been there since opening (4 hours). Sliced Italian sausage was stacked to the top of the cold holding insert. Bottom half of the sausage was 41 F or below.</p> <p>Ensure that all potentially hazardous foods are cold held at 41°F or below.</p> <p>Person in charge put all salads in the walk-in refrigerator, lid open, to cool to 41 F or below. Employee took the top half of the sliced Italian sausage and placed it in the walk-in refrigerator to cool to 41 F or below.</p>				10
22	<p>Accurate thermometer provided and used to evaluate temperature of PHF.</p> <p>Observed dial stem thermometers used for monitoring food temperatures.</p> <p>A dial stem thermometer is not adequate for monitoring temperatures of small mass foods. Ensure to provide a digital small probe tip sensitive thermometer to verify food temperatures.</p> <p>Person in charge stated establishment has 2 digital thermometers but wasn't able to locate them. Discussed the need for a tip sensitive digital thermometer with person in charge.</p>				5
40	<p>Food and non-food surfaces properly used and constructed; cleanable.</p> <p>Observed a wire brush with food debris between the wires. Wires on the brush were bent and pointing in different directions and did not maintain its original design. Employee stated they had another brush that was used to clean the oven but was discarded last week. Person in charge stated the outside of the oven is cleaned every night and the inside of the oven is cleaned once a month using the brush.</p> <p>Equipment and utensils must be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions.</p> <p>Person in charge discarded the wire brush.</p>				5
TEMP	<p>Walk-in refrigerator: diced chicken 39 F; penne noodles 39 F</p> <p>4 door preparation table refrigerator (top): Canadian bacon 40 F; diced chicken 39 F; steak 41 F; sliced Italian sausage 47 F</p> <p>4 door preparation table refrigerator (bottom): Canadian bacon 38 F; diced chicken 39 F</p> <p>True 2 door refrigerator: milk 38 F</p> <p>Customer reach-in refrigerator: garden salad 51 F; garden salad 51 F; chicken caesar salad 48 F; ambient air 34 F</p>				

Inspection Comments:

PURPOSE: To conduct a food safety inspection in accordance with WAC 246-215.

Person in Charge: James Tyler	Signature:	Date: 10/08/2014
Regulatory Authority: Michael Johnson	Signature:	Follow-up Needed? NO
Phone: (253) 798-2794	Email: mjohnson@tpchd.org	

Food Establishment Inspection Report

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Inspection ID: SN0436885						
Facility ID: FA0001386						
Program ID: PR0001676						
NAME OF ESTABLISHMENT Domino's Pizza #7047			LOCATION 2800 Milton Way, Milton, WA 98354			EMAIL kenrais@q.com
MEALS SERVED: L D MEALS OBSERVED: L			PURPOSE OF INSPECTION Routine		ESTABLISHMENT TYPE 1020-FOOD ESTABLISHMENT (0-25 SEATS)	
DATE 10/08/2014	TIME IN 2:29:30PM	ELAPSED TIME 72.00 min	TOTAL POINTS 30	RED POINTS 25	REPEAT RED 10	PHONE NUMBER (253) 927-0303

Online Food Work Card Class

The course is offered in many languages. The cost is \$10 and can be paid by Visa, MasterCard or Discover.
www.foodworkercard.wa.gov

Food Manager Course

This one day accredited course provides in depth food service training for food service managers. Successful participants will receive a five year certificate. 2014 classes will be held: April 16, July 16, and October 22. Visit www.tpchd.org or call Amanda Peters at (253) 798-7677 for details.

Email: Food@tpchd.org
 Call: (253) 798-6460
 Fax: (253) 798-6539

Food and Community Safety Program
 Tacoma- Pierce County Health Department
 3629 South D Street, MS 1059
 Tacoma, WA 98418

For Information Online
 See us at
www.tpchd.org

Person in Charge: James Tyler

Regulatory Authority: Michael Johnson

Phone: (253) 798-2794 Email: mjohnson@tpchd.org

Signature

Date: 10/08/2014

Signature

Follow-up Needed?

NO