

Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 3 calendar days for priority items, 10 days for priority foundation items (8-405.11) or 90 days for core items (8-406.11).

Food Establishment Inspection Report Page of								of <u>2</u>					
Delaware Division of Public Health						No.	of Ris	sk Fact	or/Intervention Vio	lations	3	Date	1-18-19
Office of Food Protection				No. of Repeat Risk Factor/Intervention Violations Time In									
417 Federal St., Dover, DE 19901					410	4 - 4 -			Score (c		NA	Time Out	430p
Establishment	2831	1812 Marsh Rd		CI	ty/Si	- 6	ilo	n C)E	Zip Code	9	Telephone	75-409
License/Permit	1) 0 5	100		Pu		_		ection		Est. Type	<u>, </u>		ategory
N15100	3/2-1-20	Hermit Holder Mar Kets 1	90					IN		46			0
	FOODBO	PRNE ILLNESS RISK FACT	OR	SA	ND	PL	JBLI	C HE	ALTH INTERVE	NTIONS			
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 compliand		nce N/O=not observed N/A=	_	-	able	_			OS=corrected on-site	during inspec	tion	R=repeat	
Somption of the second of the								COS R					
Supervision Person in charge present, demonstrates knowledge.			T		1	7 10	DOUT		reconditioned & u		, previ	lously serve	u,
1 NOUT	and performs duties	sont, demonstrates knowledge,				-1-			Time/Temperatur		or Safe	ety	11 11-
2 IN OUT N/A	Certified Food Protect	tion Manager			1	8 11	TUO I	N/A N/c	Proper cooking tir	ne & temper	atures		
	Employ	ee Health						N/A N/C	Proper reheating				
3 MOUT		mployee and conditional employee;						N/A/N/C	THE PERSON NAMED OF TAXABLE PARTY.			e	
4 NOUT	knowledge responsit			-				n/a n/c n/a n/c					
5 IN OUT	Proper use of restrict	ding to vomiting and diarrheal events						N/A N/C	Troper sola fiolesi				
9		inic Practices	+	Н	1000	- Basel		N/A N/C	The state of the s				rele
6 IN OUT N	O Proper eating, tasting	, drinking, or tobacco use	П			-1:-			The state of the s	er Advisory	AND DESCRIPTION OF THE PERSON.	aures or reco	45
7 IN OUT N					2	5 IN	TUO I	(17A)	Consumer advisory	provided for	raw/un	dercooked fo	ood
0	Preventing Conte	mination by Hands							Highly Suscep	tible Popula	ations		
8 IN OUT N	O Hands clean & prope	rly washed			2	6 IN	OUT	-	Pasteurized foods				ed
9 NANTUO NI E	~	t with RTE food or a pre-approved			2	7	LOUR	-	od/Color Additives				
10 IN QUT	alternative procedure						TUO!		Food additives: ap	and the same of th		an let lice year	
10 1110		sinks properly supplied and accessible			-	O Kilo	1001		Toxic substances ponformance with				ed
11(II) OUT	Food obtained from a				2	9 IN	TUO	-	Compliance with va				CP CP
12 IN OUT N/A N	Food received at proj				-				4-300		THE CO. IN		
13 IN OUT	Food in good condition	n, safe, & unadulterated									4	4	
14 IN OUT NON	OUT NOVO Required records available: shellstock tags,				Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health								
V	parasite destruction	n Contamination	<u> </u>						are control measures t				
15 IN OUT N/A N/			X				-						
16 IN OUT N/A		s; cleaned & sanitized								108			
		GOOD R	ETA	JL F	RA	СТІ	CES						
	Good Retail Practic	es are preventative measures to contro	ol the	addi	ition o	ofpa	athoger	ns, chem	nicals, and physical ol	bjects into foo	ds.		
Mark "X" in box if n	umbered item is not in con	ipliance Mark "X" in appropriate	Territoria.	1	OS	and/	or R	CC	S=corrected on-site	during inspect	tion	R=repeat	
	4.4		cos	R					D II-	5114	_		COS R
30 Past		I and Water				43	T T	la con o		e of Utensil	S		
0.4	eurized eggs used where or & ice from approved s		H		-	44			utensils; properly sto , equipment & linens		ead de	ind 9 hand	64
a vent		ized processing methods				45			se/single-service art				44
		rature Control	4			46			used properly	1,-1,-1,			
33 Prop	er cooling methods used	; adequate equipment for						1	Utensils, Equipr	ment and Ve	ending	3	
temp	erature control					47			non-food contact su		,		
0.5	Thank look properly decked for not moraling		-		+	40	4. /		y designed, construc	and the same of th			
T. P.F.	p pproved training methods docu				-	48 49			shing facilities: install	The state of the s	d, & us	sed; test strip	S
Thermometers provided & accurate Food Identification				/		70		14011-100	od contact surfaces Physical	Facilities			*
37 Food properly labeled; original container						50		Hot & c	old water available;	771	essure	A	
	No. of the last of	od Contamination				51			ig installed; proper l			711	
00	Insects, rodents, & animals not present			1	_	52			& waste water prop				
	Contamination prevented during food preparation, storage & display					53	1	- Fine forty	cilities; properly cor	THE RESERVE OF THE RE	Million Co.	The state of the s	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Personal cleanliness Wining cloths: properly used 8 stered				-	54 55	-		e & refuse properly				
41 Wiping cloths: properly used & stored 55 Physical facilities installed, maintained, & clean 42 Washing fruits & vegetables 56 Adequate ventilation & lighting; designated areas used													
Person in Charge (Signature) Date:													
		11.57				L		1	11				
Inspector (Signa	nspector (Signature) NCC FH ST 043 Follow-up: YES NO (Circle one) Follow-up Date: 7-18-19												

Inspection Report Page 2 of 3								
Health St	Division of Public Health ystems Protection eral St., Dover, DE 19901		License/Permit #	Date				
Establish	ment + 7831	Address Marsh Ro	City/State DE	Zip Code Telephone 39,475,4042				
			ND CORRECTIVE ACTIONS	@				
Item Number								
10	6-3011217	PA No paper	tomels at han	dsink nexts				
prepsink in Det. dept cos.								
	520212 (PF) No Hot water at handsink next to							
	3 comp sink in seafood dept.							
48	84-30214 (P) No Test Strips in Deli Dept. Test Strips							
0.17	expired in scafood dept.							
27	7-20116 (b.)			-in greater than				
		41. Deli meat	3 chicken breast 4	19 - Turkey 48				
		.1	-ham 49° -Slice	1- of				
		Salami	67	g 500p-50				
		*ALITOS F	- 100 (e discarded				
16	4-60111 (PF	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	tan utensik sto					
		container ex		ebris.				
48	4-501.18 0		1 1 -	ompsink in				
		Deli Dept	1 1 1	clouded unclean				
		water co	S					
54	5-502.11 5	Full open	trash bins, ope	n buckets (several)				
	of old used grease, open container of old							
	cooker chicken all attracting Flies in							
1		Deli Dept.						
45	4-904.11 C	1	re To-Gopaper 6	1 1 -				
			turated with gr					
21	4 ~ ~ 112 \$ 6		imbs - please dis	25 11 ()				
10	7-204.112		rnal themometer	1 1 11 0 1				
	4-601.11	debois She	unclean encrus					
55	6-501.17 C		elves unclean enca					
3,1	0 301.12			on floor in arease				
		A A	A Part Tower	0 10 10				
Person in Charge (Signature) Date: - 8 - 7								
Inspector (Signature) NCC F.H.STLOU3. Date: 7-18-19								

Inspection Report Page 3 of 3									
Health Sy 417 Fede	e Division of Public Health ystems Protection License/Permit #	Date							
Establish		Telephone 4 75 - 4 092							
OBSERVATIONS AND CORRECTIVE ACTIONS									
Item Number									
	8-404.11 (P) Closing Due to Imminent Heal	th Hazard							
	of gross insanitary conditions in	7							
	Dept only o								
	- Entire Deptartment must be thoursughly								
	cleaned and sanitized including all tensits								
	equipment, and cooking equipment All								
	shelves carts, and counters must be								
	, cleaned and sanitize. Floors must be								
	cleaned and sanitized in entire	Deli							
	Kitchen area in cluding under	ril Yooking							
		ion most							
		re is							
		ature control							
	Safety) food items must be discar	aled.							
15	3-302 11 (P) Blandoms stored next to row stomp	o San Card nos							
10		n Seaton Cos							
	to come by they Ith Don't to	approvat							
	TO TEMPORE OF THE STATE OF THE								
	" 1 = 2								
	\(\tau_{}\)								
		1							
Person in Charge (Signature) Date: 0151093									
Inspector (Signature) NCC E 11STL 0.43 Date: 14157993-7-18-19									