

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																	
Delaware Division of Public Health						No. of Risk Factor/Intervention Violations O Date									111/		
Office of Food Protection							No. of Repeat Risk Factor/Intervention Violations										
417 Federal St., Dover, DE 19901												Score (o	ptional)	NI	Time Ou		10
Establishment Address 4621 Oglobus Stanford Newart DE Zip Code Telephone 1273-2										-24							
License/Permit # Permit Holder					UNE A	Pu	ırpo	ose o	f Insp	ection	and the second		Est. Type	е.	Risl	Cated	ory
License/Permit # 587 Permit Holder Orange Grill Pur					e of	0/1	OUSE	ection			John Street	E		Me	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																	
		oliance	OUT=not in complia	nce N/O=not observed N	V/A=not a	PPIIC	able		0 000 00			on-site	during ins	pection	R=rep		cos R
Co	mpli	ance S		ervision	00.		+			liance S	Proper dis	position	of return	ed. prev	iously se		000 11
				esent, demonstrates knowledge,				17 IN	OUT		recondition					,	
1 IN (OUT		and performs duties	.sont, demonstrates knowledge,			ı				Time/Tem	Annual Control		THE PARTY NAMED IN	ety		
2 IN	OUT N	I/A	Certified Food Prote	ction Manager							Proper coo	oking tin	ne & tem	perature	s		
			Employ	yee Health							Proper reh	neating p	rocedure	s for ho	t holding		
3 IN	OUT		Management, food e	employee and conditional employ	yee;		- 1-	_			Proper coo		- 67		e		
				bilities and reporting			_				Proper hot	midnet - and delica	A commence of				
7	OUT		Proper use of restric							N/A N/O	Proper col				20		
5 IN	OUT			nding to vomiting and diarrheal ever only process	ents		- 1			N/A N/O	Proper dat Time as a F					neards	
6 IN	OUT	N/O		g, drinking, or tobacco use		T	1	- 1111	001	Terr (Tere	THE RESIDENCE OF THE PARTY OF T		or Adviso	Charles & Contract of the Cont	uures a r	ecords	
~	OUT			yes, nose, and mouth				25 IN	OUT	N/A	Consumer		10.000	-	ndercooke	ed food	
				amination by Hands	- ,	. 1		1111			Highly 8	Suscept	tible Pop	ulations	S		
8 IN	OUT	N/O	Hands clean & prope	erly washed				26 IN	OUT	N/A	Pasteurize	d foods	used; prol	nibited fo	ods not o	ffered	
9 IN	OUT N	I/A N/O	No bare hand contact	ct with RTE food or a pre-approv	/ed				.		d/Color Ad	dditives	and Tox	ic Subs	tances	1 1	
			alternative procedure			-	-	_	OUT		Food addit		-	-		V.	
10 IN	OUT			sinks properly supplied and access	sible	_	H	28 IN	OUT		Toxic subs					used	
11 IN	OLIT	_		red Source	-	T		29 IN	OUT							ACCD.	
		I/A N/O	Food obtained from Food received at pro		-	H	L	29 4	001	IVA	Compliance	e with va	riance/spe	cialized	process/i-	ACCP	
13 IN	OUT	,,,,,,		on, safe, & unadulterated													
				railable: shellstock tags,							e important						
14 IN	OUTN	I/A N/O	parasite destruction								buting factor e control me						
		٠	Protection fro	m Contamination	-												
		I/A N/O	Food separated and	<u> </u>													
16 IN	OUTN	I/A	Food-contact surface	es; cleaned & sanitized	DET		20/	ACT	CEC		_			_	_		
					D RETA	_	_			-							
Manula (IX	zo : L . L .	if man	Good Retail Pract abered item is not in co	ices are preventative measures to ompliance Mark "X" in appro							icals, and pr S=corrected	-	-		Perer	eat viol	ation
IVIAIR /	C III DC	JX II IIUIT	ibeled item is not in co	Impliance Mark A III appro		R	ĤΪ	allu	OI IX		<u> </u>	1 OII-310 C	Juning ma	Jeenon	10	ZCUL VIOI	COS R
			Safe Foo	d and Water			ı				Pro	oper Us	e of Uter	sils			
30		Pasteu	rized eggs used when	re required				43		In-use u	tensils: pro	perly sto	ored				
31		Water	& ice from approved	source				44			equipment		-			Statement of the Parks	
32		Varian	AND ASSESSMENT OF THE PARTY OF	alized processing methods			-	45		Tarana Dalaman	se/single-se	Pour Comments	icles: prop	perly stor	ed & use	d	
		7		erature Control		T		46		Gloves	Ised prope	100	ment and	Vendie	NT.		
33			-	ed; adequate equipment for					1,0	Ford 0	Utensils,						
34			rature control	for hot holding		-		47	UF		non-food co				1		
35			Plant food properly cooked for hot holding Approved thawing methods used					48			hing facilitie				used: test	strips	
36		Thermometers provided & accurate					49	OF		d contact s			A STATE OF THE PARTY OF THE PAR				
	Food Identification								- 0			Facilitie	s				
37		Food p	roperly labeled; origin	nal container				50			ld water av						
	16-2		THE RESERVE OF THE PERSON NAMED IN COLUMN 1	ood Contamination		7		51			g installed;	-					
38	Œ.	Insects, rodents, & animals not present				-	52		THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	& waste wa		STANDARD CONTRACTOR	A district the same	V 9-1	V-1041		
39		Contamination prevented during food preparation, storage & display		splay		-	53 54			cilities: proj							
40		Personal cleanliness Wiping cloths: properly used & stored				-	55	ne		& refuse p					ined		
42		1	ng fruits & vegetables	ATTOCK AND ALL			-	56		A service money and	e ventilatio		THE RESERVE TO THE PARTY OF THE	Carlo Carlo Co.		ed	
		V V 61 51 (1)	ig none o vegetables							, weduat	- Your Rucker	and the High	g, uco	mineral I	an weeks work	1 400	
Person in Charge (Signature) Date: /0/11//7																	
In		Name	re) NCC-EL	1011 -1010					ollow	a me	YES NO	(Circle	one) F	ollow-u	n Date:		
mspec	TOL (S	aynatu	10/ // - 1/	14.				-	MOH	up.	YES NO	Concie	one) r	OHOW-U	P Dare.		

Inspection Report Page 2 of 2											
Health Sy 417 Fede	eral St., Dover, DE 19901	icense/Permit# N 192 587	Date 10/11/19								
Establishn	a India Gill Address 4621 Ogletown Star	Gity/State, Newart, DE Zip Code	3 (302) 273-24								
OBSERVATIONS AND CORRECTIVE ACTIONS											
Item Number											
	The following items	were arrected!									
38	6-501.111 PF) 1 Drain flies and roaches not										
	observed in dining area, kutchen, altic,										
	not restrooms, No evidence of vermin on										
	observed in diving area, kutchen, altic, nor restrooms, No evidence of vermin on the premises at this time										
49	4-601110 Pines and	drainage area as	+ 3-bay								
	Sint are colean	Free and grill	at								
	19 4-601,11c Pipes and drainage area at 3-bay sint are clean, Fryer and grill at wolcing line are clean.										
55	6-501,11 c Holes are s	realed in wall by	pipes								
	at Cooking line. No holes observed by new walkin refing area										
	new watting	etrig area									
47	4-40111 A nel 14	rollin refere was	Cinchelled								
	4-501, 1/c A new w Temperature Che 200f in walk	ck of & 41°F in r	frig and								
	< Oof in walk	in freezer.									
			, ,								
-	Note: The roof was	repaired recently	due to								
	a leak by the ve	entilation hood wh	lere most								
	of the Coulding line	edibust 12. Ive	1000 Bet								
	lyos replaced tod	ay, the the spe	ca ch								
	large hovel The small	hood is in good	renal c.								
		3									
	The business may	reopen as of this	date.								
		V									
Person in Charge (Signature) Date: 10/11/19											
Inspector (Signature) MCC - EHSII - 047 Date: /0/11/19											