

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						t Inspection Report Page of Le											
Delaware Division of Public Health							N	lo. c	of Risk	Factor	r/Interventi	on Viola	tions	0	Date	1-	-502
Office of Food Protection					N	0. 0	f Re	pea	at Risk F	actor/	Interventio	n Violat	ions	0	Time In		Moder
417 Federal St., Dover, DE 19901											Sc	core (op	tional)	INIJ	Time O	ut 12	450
Establishmet		Addr	ess	or P		Cit	y/Sta	ate	111	(V)	DE	Z	ip Code	3	Teleph	one	-1500
Polla	1 taly	7.0	17 Govern	ICE IN	1	11.6		U	A language	tion							
License/Pern			it Holder	WWW	· ·	Pui	rpos		f Inspec		Calla	0	st. Type		RIS	k Cate	gory
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 SQS and/or R																	
IN=in compli	•	nce status (IIV, O n compliance	N/O=not observed			applicable COS=corrected on-site during inspection R=repeat violation										lation	
	nce Status	II compliance	100-1100 observed		os			C	omplia			/ Spe di	aring in sp	CCGOII	1	peut vio	COS R
Compila	ince Status	Supervisio	n							1	Proper disp	position	of returne	ed, prev	/iously s	erved.	
	Person in ch		lemonstrates knowle	dae	Т		17	IIN	OUT	1	recondition	ed & uns	safe food	1	1		
1 IN OUT				-9-,						1	Time/Temp	erature	Control	for Saf	fety		
and performs duties 2 IN OUT N/A Certified Food Protection Manager									OUT NA		Proper coo	king time	e & temp	erature	s		
		Employee He					18	MI E	OUT NA	A N/O	Proper rehe	eating pr	ocedure	s for ho	t holding	1	
O IN OUT	Managemen	nt food employe	ee and conditional er	nplovee:	T				NU TUO		Proper coo	ling time	and tem	peratu	re		
3 IN OUT		responsibilities				1			QUTN		Proper hot	holding	temperat	ures			
4 IN OUT	Proper use	of restriction an	d exclusion	1		1			NN TUO	11 -7111-7	Proper cold	d holding	tempera	atures			
5 IN OUT	Procedures f	for responding to	vomiting and diarrie	al events\			T. Commission	_	OUT N/		Proper date	e markin	g and dis	spositio	n		
	Go	od Hygienic P	ractices \	1	- i		24	† IN	OUT N/	A N/O	Time as a P			The second second second	dures &	records	
6 IN OUT			ring, or tobacco use;	1 10	\	_		-1			-		Advisor		- 111	V	
7 IN OUT		e from eyes, no			_		25	5 IN	OUT N/	4	Consumer a					ed food	
		ng Contamina		140	r	_	-	Ja			Highly S			control on		200	
8 IN OUT	-	n & properly wa	The state of the s		4	_	26	NI	OUT N/		Pasteurized d/Color Ad					offered	
9 IN OUT N/			RTE food or a pre-ap	proved			27	7 LINI	OUT N//							210	
10 IN OUT		procedure prope		or over the barr	-	_			OUT N/		Food additi	and the second second second	28 100	-		unnel	
10 114 001	Adequate har	Approved So	properly supplied and as	ccessible	-	-	20	SIMA	100114//		Toxic substante					used	4
11 IN OUT	Charles and the	ed from approv			Т		29	INI	OUT N/		Compliance	III (See a see a see	CANCEL CONTRACTOR		Control of the Control	AACCD	
12 IN OUT N/		ed at proper ter			+			1111	001147		Compliance	MILLI ASEL	ancerspec	Janzeu	processa	MOOF	
13 IN OUT					1		Ï										
Paguired records available; challetook tags							RISK factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health										
14 IN OUT N/	A N/O parasite des		. Ononocour tago,								buting factors e control me						
		ction from Cor	tamination						micer vern	ion a ci	o control mo	00010010	provencia	0000011	io imirodo	or injury	
15 IN OUT N	A N/O Food separa	ated and protec	ted														7
16 IN OUT N	A Food-contac	ct surfaces; cle	aned & sanitized														
				SOOD RE	ΓA	L P	RAC	ETI	CES								
	Good Re	etail Practices are	preventative measure	s to control t	he	addi	tion c	ofpa	athogens,	chemi	icals, and phy	ysical obj	ects into f	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																	
								COS R									
00 1	The state of the last of the state of the st	Safe Food and	11111111		7	-		4.2	T I	9.00	110-71010	- Company	Contract of the	SHS			
	Pasteurized eggs u				-	_	_	43 44			tensils: prop			own and a	alexander 6 1	Decimal Waver	
	Water & ice from ap				-	-	-	45		Name of Street or other Designation of the Owner, where the Owner, which is the Owner, where the Owner, which is th	equipment &		-	-	1110112	12-11-12-12-12-12-12-12-12-12-12-12-12-1	
32 Variance obtained for specialized processing methods							-	46			se/single-ser used proper		ies: prop	erry stor	ea & use	3G	
1/-1		od Temperature		- 1	T			, ,	I IG	oves l	Utensils,		ent and	Vendir	ng		
33			quate equipment for						E	and & i	non-food co						
	temperature control Plant food properly cooked for hot holding						4	47			designed, o				• •		
	Approved thawing methods used			1			-	48			shing facilities				used: tes	t strips	
	Thermometers provided & accurate						-	49			d contact su						
Food Identification									tin lin				Facilitie	5			
37 Food properly labeled; original container 50 Hot & cold water available; adequate pressure																	
		tion of Food C						51	1		g installed;						
38	38 Insects, rodents, & animals not present							52	1.5		& waste wa		1.1				
39	Contamination prevented during food preparation, storage & display						_	53	To	ollet fa	cilities: prop	erly con	structed,	supplie	ed, & cle	aned	
40	Personal cleanliness						_	54		-	e & refuse p		-			ained	
	Wiping cloths: properly used & stored							55			facilities in	Try a view of the	Marie and the				
42	Washing fruits & ve	getables	111	01			L	56	A	dequat	te ventilation	a & lighti	ng; desig	inated a	areas us	ed	
Person in Charge (Signature) And Khacalla Date: 1-7-2020																	
Inspector (S	ignature) N	ICC EH	E PO TTE					F	ollow-uj	o: (,	YES NO	(Circle	one) F	ollow-i	ıp Date:		3
10.								_		-					1	_	



		Inspect	ion Report	Page of
Health Sy 417 Fede	Division of Public Health estems Protection ral St., Dover, DE 19901	#	License/Permit # New Unper	mitted Date 1-7-2020
Establishn		Address Governor	City/State	Zip Code Telephone
Bello	e I taly		AND CORRECTIVE ACTIONS	11/301 302 142 033
Item	The state of the s	OBOLITYATIONO	AND COMMEDITE ACTIONS	
Number				
		CI	_ost()	
	Upon inspec	tron spoke u	ith manager in	charge and
	determined		nged ownership and	
	report to	2.47	New owner has	
	tince Janua	ry 2019. New		hmit a
	completed		unuship applicat	
		ing discrepan		e completed
-	in order to	Sugar stocas	raval to reopen:	ners that have
	1	several storac		be removed.
	4	stablishment		erec
	1	- All handroas		ve Hot and -
		cold water	and soap papertou	
		- Please re-in	stall a Food Prep	sink that was
		removed	· · · · · · · · · · · · · · · · · · ·	
		- Please previo	le verification of	active Pest
		Service		
		- Please Inou		Sanitize entire
		establishme		
			acra. All equi	\$ VIC.
		and the second s	ernove aluminum	+ PIRI TYON
		equipment/	end handsink	
	w		med sink	
		-112 120, 14	3111	
		7		
	21		A	
	-1-			
Person in (Charge (Signature) Ahe	ed Khairallak	\	pate: 1-7-2070
	et a	EHS I 043		Date: 1-7-202 O
Inspector (capitature) +1			, 1 (20), O