

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														
Delaware Division of Public Health					No. of Risk Factor/Intervention Violations						0	Date -	4-19	
Office of Food Protection				N	No. of Repeat Risk Factor/Intervention Violations					ions		Time In	00	
417 Fedei	ral St.,	Dover, DE 19901	<u> </u>						Score (op	tional)	NA	Time Out	:50am	
Establishme	ent	£.	Address	51	Cit	y/St	ate	1 0	Z	ip Code		Telephone	ncec.	
Cama		015	2920 N. Warket	Ţ١.	-	17	11	Im, Do		175	02		9888	
License/Per			Permit Holder		Pu	rpos	se,o	fInspection	E	st. Type		Risk Cat		
N192508 1. WILL MOK						T.	013	OLU		ITIONE		MIL	<u> </u>	
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=no						ble			OS=corrected on-site d	uring inspe	ection	R=repeat v	cos R	
Compliance Status Supervision				cos	R	-	1	ompliance	Proper disposition	of returne	d previ	nusly served	100000 000	
			sent, demonstrates knowledge,			1	7 IN	OUT	reconditioned & un			odoly ocrycu	'	
1 IN OUT			selli, dell'olistrates knowledge,				-	-	Time/Temperature			ety		
2 IN OUT N		and performs duties				1	8 IN	OUT N/A N/						
	2 IN OUT N/A Certified Food Protection Manager Employee Health					_		OUT N/A N/	THE PROPERTY OF STREET					
						2	0 IN	OUT N/A N/			100			
3 IN OUT		knowledge, responsit	mployee and conditional employee; pilities and reporting			2	1 IN	OUT N/A N/						
4 IN OUT		Proper use of restrict	The state of the s			2	2 IN	OUT N/A N/						
5 IN OUT			ding to vomiting and diarrheal events			2	3 IN	OUT N/A N/	O Proper date markin	g and dis	position			
			enic Practices			2	4 IN	OUT N/A N/	Time as a Public Hea	alth Contro	l; proce	dures & record	ls	
6 IN OUT	N/O	Proper eating, tasting	ı, drinking, or tobacco use						Consume		-			
7 IN OUT	N/O	No discharge from ey				2	5 IN	OUT N/A	Consumer advisory p	OF STREET, STR			od	
		Preventing Conta	mination by Hands						Highly Suscepti	ble Popu	lations			
8 IN OUT	N/O	Hands clean & prope	rly washed			2	6 N	OUT N/A	Pasteurized foods u		-		d	
9 IN OUT N			t with RTE food or a pre-approved				-I		ood/Color Additives					
		alternative procedure	properly allowed	_	_	-	_	OUT N/A	Food additives: app	The Contract of the Contract o	Contract Contract	The State of the S		
10 IN OUT			sinks properly supplied and accessible			2	s liv	OUT N/A	Toxic substances pr					
IN OUT	_		ed Source				O IN	OUT N/A	Conformance with A					
11 IN OUT	NI/A NI/O	Food obtained from a		_		L	BIIN	UUTNIA	Compliance with var	ance/spec	ialized p	rocess/HACC	P.	
12 IN OUT N	O/N/A/N/	Food received at proj											-14	
13 IN OUT		- 1177	on, safe, & unadulterated	-	Risk factors are important practices or procedures identified as the most									
14 IN OUT N/A N/O Required records available: shellstock tags, parasite destruction				prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.										
			m Contamination	-				interventions	are control measures to	prevent ic	DOGDOFN	e iliness or inju	iry _s	
15 IN OUT I	N/A N/O	Food separated and	protected				-							
16 IN OUT N/A Food-contact surfaces; cleaned & sanitized														
			GOOD RE	ETA	IL F	PRA	СП	CES						
		Good Retail Practic	ces are preventative measures to contro	l the	addi	ition	of pa	athogens, che	micals, and physical ob	jects into fo	oods.			
Mark "X" in b	ox if num	bered item is not in con	npliance Mark "X" in appropriate			os	and/	or R C	OS=corrected on-site d	uring inspe	ection	R=repeat v		
COS R									cos R					
			d and Water	_	_		10	r r	Proper Use		ils			
30		rized eggs used where				-	43	201	utensils: properly sto	11/	8 7/10	- 5 404 W	18	
31		Water & ice from approved source			_	-	44	100000000000000000000000000000000000000	ls, equipment & linens:	Marie Control	TOTAL STATE OF	WAY A COUNTY DESCRIPTION	bd	
32	Variand	Variance obtained for specialized processing methods				Н	46		-use/single-service artic	cies: prope	erly store	ed & used		
	Description		erature Control				46 Gloves used properly Utensils, Equipment and Vending							
33	TO A STATE OF THE	180 V/S	d; adequate equipment for					Enad	& non-food contact su					
34		temperature control					47		& non-rood contact su rly designed, construc			,		
35		Plant food properly cooked for hot holding					48		vashing facilities; installe			sed: test string	s	
36		Approved thawing methods used Thermometers provided & accurate					49		ood contact surfaces	- Allennia - Property -	ned, or o	seu, test suip		
	THEIM	STATE OF THE PERSON	entification	-				THOIT IS	Physical		9	C	-	
37	Food p	roperly labeled; origin					50	Hot &	cold water available;	adequate	pressu	re		
Prevention of Food Contamination						51		Plumbing installed; proper backflow devices						
38	Insects	, rodents, & animals r					52		ge & waste water prop					
39	Contract of the	and the second second second second	ng food preparation, storage & display				53	Toilet	facilities: properly con	structed,	supplie	d, & cleaned	6	
40	Personal cleanliness					U	54	Garba	ige & refuse properly	disposed;	facilitie	s maintained		
41	Wiping cloths: properly used & stored				1		55	Physic	cal facilities installed,	maintaine	d, & cle	an		
42	Washin	ng fruits & vegetables			34		56	Adequ	uate ventilation & light	ing; desig	nated a	reas used	_ \	
Person in Charge (Signature) W 1-1-4-19														
Inspector (Signature) NCC EHSTT 043 Follow-up: YES NO (Circle one) Follow-up Date:														
G														

Inspection Report Page 2 of 2								
Health S	Division of Public Health estems Protection ral St., Dover, DE 19901		License/Permit#		Date 11 4-19			
Establish		dress	City/State	Zip Code	Telephone 302 765-9888			
CALL	THE MUCIN	-100 IV. 1-100 IV.	AND CORRECTIVE ACTIONS	11000	- 300 100 1000			
Item Number								
		Reopenin	a Inspection					
	Upon inspec	thon inspects	of thouroughly in	specte	dentire			
	establishment.	Inspector	yentied secent		511-			
	from Hoftma			101	7			
-	detailed inspec	7. 1. 1. 1.	and treatments pe		ed. During			
	aspection Tsto	blishment to	noumuable clean	-	d sanitized			
	All equipmen	7		20 Cer				
	washing area	a thoursunh	() ()	21	. Entire			
	walk in thou	roughly clear		red. B	ack area			
	and storage a	rea Hourous	ghly cleaned Ho	at veni	hlations			
	cleaned Back	exit door s	weep replaced.					
-	- 11111				A ()			
		reopen have	been met. Inspe	operat.	duised			
	operator to	11:	eekludeep cleani		hodule:			
	Also advised	to continue	e increased pests	eplice:	s until			
	pest are elin	ninated and p	noceed with me	onthly	services.			
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Person in	Charge (Signature)			Date: 11- 4	-19			
Inspector (Signature) NCC FH	511 643		Date: \- L	1-19			