

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 1 of																		
Delaware Division of Public Health							No. of Risk Factor/Intervention Violations Date							7				
Office of Food Protection						1	lo. of Repeat Risk Factor/Intervention Violations Time In							55				
417 Federal St., Dover, DE 19901							Score (optional) N P Time Out 1.50								SLA			
Establishment Address							Cit	City/State Zip Code Telepho							Telephone			
(100 P. 270 3218 SIKWOOD						dis	,	Wilm					19808 302 994-459				50	
License/Permit # Permit Holder									e of Inspection			Est.	Est. Type Risk Category					
N982263 Ponna Enterpris					1				Unio Op			-	FC NUZ					
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																		
		Cirolo	do si cu		(IN, OUT, N/O, N/A) for each numbered	DEN	SOUNTAIN	ALTERNATION OF THE PARTY NAMED IN	9000		THE STREET	DAMEST STORY	NAME OF TAXABLE PARTY.			OS and/or R		
IN	-i							blo		C		ected on-						
_	IN=in compliance OUT=not in compliance N/O=not observed N/A=not							tole:	_				site durir	ig inspec	ction	R=repeat	cos	_
Compilative Glatas						cos	-	Compliance Status Proper disposition of returned.									10000	K
-			-		vision		-	17	IN	OUT	1				ı, prev	lously serve	a,	
1 11	N O	UT		Person in charge pres	sent, demonstrates knowledge,				L		-	nditioned		_				
				and performs duties					_		The second second	Tempera	sture Co	ontrol fo	or Sal	fety		6
2 11	ΝО	UT N/A		Certified Food Protect	ion Manager					OUT N/A N/C		er cooking	g time 8	tempe	rature	s		
				Employe	ee Health			19	IN	OUT N/A N/C	Prope	er reheati	ng proc	edures	for ho	t holding		
2 "		LIT		Management food en	nployee and conditional employee;			20	IN	OUT N/A N/C	Prope	er cooling	time ar	nd temp	eratur	e		
3	4 ()	UI		knowledge, responsib				21	IN	OUT N/A N/C		er hot hol						
4 11	N O	UT		Proper use of restricti						OUT N/A N/C	1 0 0 0	er cold ho						
	N O				ding to vomiting and diarrheal events					OUT N/A N/C	-	er date m				n		
2					nic Practices	-				OUT N/A N/C	100000	and the second loss.	the least the distance of			China and and an annual an annual and an annual an a	da	
0 11	N O	LIT	N/O					24	LIIA	COT N/A N/C	Trime		umer A			dures & recor	as	
	N O				, drinking, or tobacco use			25	10.	OUT N/A	ICere.					nalawa a - loo - J. C.		
7	V O	UT	N/O	No discharge from ey			-	25	IN	OUT N/A	_					ndercooked fo	od	
		_ 10.7		Preventing Conta	mination by Hands		100				Hig	phly Sus	ceptible	Populi	ations	5		
8	N O	UT	N/O	Hands clean & proper	ly washed			26	IN	OUT N/A						ods not offere	ed	
9 11	VI O	UT N/A	N/O	No bare hand contact	with RTE food or a pre-approved			- 71			od/Col	or Additi	ves and	d Toxic	Subs	tances	The state of	
			14/0	alternative procedure				27	IN	OUT N/A	Food	additives	s: appro	ved & p	roperl	y used		
10	V O	UT		Adequate handwashing	sinks properly supplied and accessible			28	IN	OUT N/A	Toxic	substanc	es prope	erly iden	tified.	stored, & use	d	
		27.			d Source					C		nance wi					10. 10.	
11 B	v o	UT	-	Food obtained from a	phroyed source			29	IN	OUT N/A	Comp	liance will	h verienc	nalenacia	alizad i	process/HAC	P	
12 II	V O	UT N/A	N/O	Food received at prop				-	_		Toomp	munce me	il amittin	corapecie	AHELC LA	processii inco		_
12	V O												OT.					-
13 "	-		_		n, safe, & unadulterated				F	Risk factors a	re impo	rtant pract	tices or p	procedur	es ide	ntified as the	nost	
14	V O	UT N/A	N/O		ilable: shellstock tags,				F	prevalent conti	ributing	factors of	foodborr	ne illness	s or inj	ury. Public he	alth	
	_			parasite destruction	0-4-1-4		_		i	interventions a	re contr	rol measu	res to pr	event for	odborn	e illness or in	ury.	
- Lo					Contamination	_		L	_						_			
15	40	UTN/A		Food separated and p			_											
16	V)O	UT N/A		Food-contact surfaces		_			_		4							
6			136		GOOD RE	ET/	IL P	RAC	TIC	CES				V 10			07.0	
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																		
Mark	"X"	in box if	num	bered item is not in com	pliance Mark "X" in appropriate	box	for C	OS an	nd/c	or R CC	S=corre	ected on-s	site durin	g inspec	tion	R=repeat	violation	
COS R COS R																		
				Safe Food	and Water		-					Proper	Use of	Utensil	ls			
30	Т	Pa	steur	ized eggs used where				43	3	In-use i	ıtensils	: properly	stored					
31	_	3500		k ice from approved so				44	_	Carlo Company					orad -	fried, & handl	he	
32	_				zed processing methods			45	_							ed & used	ou	-
02		l v a	Harric		The state of the s			46	_		-		articles	, proper	ly stor	eu a usea		
	T	T_			ature Control		1	70		Gloves	CONTRACTOR OF THE PARTY OF	roperly	ulp men	of money he	e) rette	(0)		
33					; adequate equipment for				7			nsils, Eq						
	-			ature control				47	7			od conta				,		
34	_	7		od properly cooked fo						1	-	ned, cons						
35	-			ed thawing methods us				46	_	Warewa	shing fa	cilities: in	stalled, r	maintain	ed, & L	ised; test strip	5	
36		Th	ermo	meters provided & acc	curate			49	9	Non-foo	od conta	act surfac	ces clea	ın				
				Food Idea	ntification						390	Phys	ical Fa	cilities		X.		
37 Food properly labeled; original container								50	0	Hot & c	old wat	er availal	ble; ade	guate p	ressu	re		
	-	1000	- Indian	THE RESERVE OF THE PARTY OF THE	od Contamination			51	1			illed; prop		-				
38	T	DIZ line	ects	rodents, & animals no				52	2			te water						
39					food preparation, storage & display			53	3		The state of the s					d, & cleaned		
40		1717	-	al cleanliness	a rood preparation, storage & display			54	-	1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Commercial Programmer	10 10 -		-	s maintaine		
41					2 stared			55	-									
42	+			cloths; properly used a	x Stored			56	_			ies install						
+2		IVV	ashin	g fruits & vegetables				50	1	Adequa	te vent	liation &	iighting;	design	ated a	reas used		
Person in Charge (Signature) April 19 Date: 11-14-19																		
Inspector (Signature) NC (THSTIOY3 Follow-up: YES) NO (Circle one) Follow-up Date: 11-15-19							9											
mspe	nspector (Signature) N (FIT) 104 > Follow-up: YES NO (Circle one) Follow-up Date:																	



		ion Report	Page of							
Health Sy 417 Fede	Division of Public Health estems Protection ral St., Dover, DE 19901	License/Permit#	Date 11-7-19							
Establish		Hww Wilm DC	Zip Code Telephone 19808 2794-4541							
LIAO		AND CORRECTIVE ACTIONS	11.1803 102.114 .511							
Item Number										
	Reopenin	ry Inspection								
	Upon inspection, Inspector thouragely inspected									
	no live roaches. Operator thoursonably cleaned entire									
	astablishment Cockline		removed away.							
	From wall and thousewa	1 1 1	spector verified							
	Pest company report is	hich verifies wer	ekly visits.							
		tinue daily clear	ing and							
	maintenance. All condi	trons to reopen	have been							
	of Openty Capproved.	to reopen and oc	crate +							
	- once cleaning is comple									
	Follow Up inspection o	n 11-15-19								
	, \									
المرو			(4							
F										
		-v	W <sup>2</sup>							
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Person in C	charge (Signature) X when I leave	D	ate: 11-7-19							
Inspector (Signature) NCCTHSII 043										