

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 Date							
Office of Food Protection					No. of Repeat Risk Factor/Intervention Violations Time In							
	417 Federal St., Dover, DE 19901					Score (optional) Time Out // Cac City/State Zip Code Telephone						
Establishment Address Solar Fall Wan 54					III	yistat	e Wane	k. D.	2	Zip Code	Telepho	- 1998
100	se/Perm		Permit Holder		Pu	rpose	of In	spection		Est. Type		Category
Min	anz 1	A deacestic	Tirche Wena		12	18111	ic	15 IM	MERSIND	1/		11
	1		ORNE ILLNESS RISK FAC	TOR				IC HEA		NTIONS		
	Circle		us (IN, OUT, N/O, N/A) for each numbe								x for COS and/or	R
	n complia		ance N/O=not observed N/A		pplica				S=corrected on-site	during inspe	ction R=rep	eat violation
Co	mplian	ce Status		leos	R		_	pliance S	Proper disposition	of returned	nreviously se	- 71176
			pervision resent, demonstrates knowledge,	Т		17	N OU	Т	reconditioned & ur		previously se	vou,
1 (IN	OUT	and performs duties							Time/Temperature		or Safety	
2 IN	ØUT N/A	Certified Food Prote						T N/A(N/O	Proper cooking tin	ne & tempe	ratures	
		Emplo	yee Health					T N/A(N/O	Proper reheating p			
3 IN	OUT)	Management, food	employee and conditional employee	;				T N/A N/O	Proper cooling tim			
			sibilities and reporting	4-	-		-	T N/A N/O	Proper hot holding			
4(IN 5) IN		Proper use of restri			\vdash	100		TN/A N/O	Proper cold holdin			
2 (Air	001		onding to vomiting and diarrheal events ienic Practices	6	-			TN/A N/O	Proper date marki	The second second		acorde
6 IN	OUT		ng, drinking, or tobacco use				11 00	print years		er Advisory		cords
	OUT	N/O No discharge from				25	N OU	TN/A)	Consumer advisory	provided for	raw/undercooke	d food
			tarnination by Hands					~	Highly Suscept	tible Popul	ations	
B, IN	OUT	N/O Hands clean & prop	erly washed			26	IN OU	TNIA	Pasteurized foods	- The state of the		ffered
9 IN.	OUT N/A	N/O No bare hand conta	act with RTE food or a pre-approved						d/Color Additives			
INI.	OUT /	alternative procedu				Name and Address of the Owner, when the Owner, which the Owner,		T N/A	Food additives: ap			and the same of th
10 IN	9017		g sinks properly supplied and accessible ved Source	1	1	20/	IN OU		Toxic substances ponformance with			used
11 IN	OUT	Food obtained from		1		29	N OU	PN/A	Compliance with va			ACCD
	OUT N/A	N/O Food received at pr					MAIN COMPANY	—	portipitance with val	(in) icerspecie	meet processin	100
13 IIV	OUT		tion, safe, & unadulterated								- A	
14 IN	OUT/N/A	N/O Required records a	vailable: shellstock tags,						e important practices buting factors of food			
parasite destruction				L	1				e control measures t			
In like	6UTÁVA		om Contamination	_	12	L_		_			-	
	15 IN QUT/N/A N/O Food separated and protected 16 IN/QUT/N/A Food-contact surfaces; cleaned & sanitized											_
10 111	o o y i i i i	II ood-contact sunat	GOOD I	RETA	AIL P	RACT	TICES	S				
//		Good Retail Prac	tices are preventative measures to cont	rol the	addi	tion of p	athog	ens, chemi	icals, and physical ob	ojects into fo	ods.	
Mark "	(" in box i	f numbered item is not in co							S=corrected on-site of			eat violation
				COS	R							cos R
0.0	_		od and Water			10	N			e of Utensil	ls	
30	1000	steurized eggs used whe				43	X		tensils: properly sto			Contract (
32		ater & ice from approved	source alized processing methods			45	_		equipment & linens se/single-service arti			
	I IV		alized processing methods perature Control		-	46	_		sersingle-service arti	ores, proper	ly stored & used	
22	/Pr		ed; adequate equipment for				1	1	Utensils, Equipr	ment and V	ending	
33	1 · X	nperature control		-		47	1	Food & i	non-food contact su			
34	PI	ant food properly cooked	for hot holding				1	property	designed, construc	cted, & used	d	
35		proved thawing methods			Ш	49	-	VI	hing facilities: install		ed, & used; test:	strips
36	Th	ermometers provided & a			1	49	X	Non-foo	d contact surfaces			
37	I Ie	THE STREET STREET STREET	dentification	1	т	50	T			Facilities		
37	l lec	od properly labeled; origi	nal container Food Contamination	+		51	+		old water available; g installed; proper l			
38	In	sects, rodents, & animals				52		CONT. In Calls	& waste water prop		-3-20	
39			ing food preparation, storage & display	/		53	_		cilities: properly cor			ned
40	7	rsonal cleanliness				54			& refuse properly			
41	VV	ping cloths: properly use	d & stored			55	X		facilities installed.			
42	W	ashing fruits & vegetable	5			56		Adequat	e ventilation & light	ing; design	ated areas use	d
Person in Charge (Signature) Date: 7/25/19						1						
Inspec	tor (Sig	nature) MM Et	511 118			1	Follo	w-up:	(ES NO (Circle	one) Foll	ow-up Date:	7/26/19



Inspection Report Page 2 of 3							
Health Sy	Division of Public H estems Protection ral St., Dover, DE 199			License/Permit#	(18075hip		Date 7/25/19
Establishn		Address	- 4	City/State	7 - CH	Zip Code	Telephone
Colorfal	Cas Nat 1			D CORRECTIVE AC	TIONS	14 14	1014-1118
Item Number		OBS	LINVATIONS AI	ID CORRECTIVE AC	TIONO		
	This es	tablishment ment Auso Cangleton	15 Close.	1 and gr	rater nu	ist sta	p all
	(Stablish	ment trus	tions (cotil the to	allowing.	Violat	iais and
	111/1 111	Carryleter	1 and	Mercated	listed	EM 191	196 3
	Lugarat	cotallishin	Chyllete	Maratic	1 (11	7/26/1	9 10
	Mayer -	ASTANISIII AL CONTA	1/1/	17/11/9 - 7/1//7	all file	0101101	13 611
	paye 5	112 001176	1+661				
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						- 1	
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		<u></u>	7			1	
Person is (Charge (Signature)	18				Date:	125/19
Inspector (1 Alla	HISTI MAG		A:		Date: 7/	25/14
morroctor (- Million of the Market	1 1 1 1					1/2

	Inspection Report Page 🗢 of ⊃
Health Sy	Division of Public Health stems Protection ral St., Dover, DE 19901 License/Permit # Character Of Character Ship
Establishn	nent Her Korn St. Mark St. Warder W. Dr. Zip Code Telephone Ch. 1998
10/01/1	OBSERVATIONS AND CORRECTIVE ACTIONS
Item Number	The Following Violations trusk must be corrected / crupleted:
	Violations:
2	2-201.12 C. NO artified feed Protection Manager
2.	2-201.11 (P). NO employee heal HI forms available
	5-205.11 (E) Hand wash sink by fant desk had brillo pard inside bown
15	3-3-2.11 (P) for Eggs and almore stored above 121+ loods and raw brot and porte.
L. H.	3-304. 11(P). Tand Knives stored between tables
-	9-607.11(D: Saki Marrine found 18t eleaned with mold and milden buildings
	3-501.17 (PF): NO Sufe WVIKEINGS faired as cooked food products.
33	3-501.15 (FF): Moximed improper cooling methods to ocal cooked (cods. by wing day pros.
	4-302.14 (PF): NO fest strip awillable.
	4-201.112 C: 11/6 Internal thermometers inside all walling and lecour wints
	3-305.11 C: Coverved putates as blook and produce on look water in edigente
	3-304.14 C. NO steeps with handle inside flaw bin and vice bin.
	4-101.14 C. Faire Andrewed Used on Shelving
- / -	41-601.11 C. Observed layers of grase bould by behind stare and layer
55	6-501. 12 C. Floors throughout stablishment not alrand and stinuy
	6-501. 11 C. feilery tites found not in good repair
·	lask:
	· Establishment must be cleaned and dealedtered
	· Ill agginment not being used or broken must be removed
	· Dry storage areco houst be organized by catagory
	Excurple I parx products in an small and ingredients and
	Can foods on one shelf.
	*
Person in	Charge (Signature) Marry Date: 7/25/19
Inspector (Signature) MM EHS IT 048 Date: 7/25/19