



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).

			Fo	ood Establishmer	nt	In	IS	pe	ct	ion R	eport		Pageo			
Delaware Division of Public Health								No. of Risk Factor/Intervention Violations Date								
Office of Food Protection								No. of Repeat Risk Factor/Intervention Violations U Time In // 30								
417 Federal St., Dover, DE 19901											Score (c	ptional)	MA Time Out	.00		
Establishment () Address ()								State		0.5		Zip Code	Telephone	sull		
	Construct 4579 Kirming Hory															
License/Permit # Permit Holder (1955 Med Integrises Inc							Purpose of Inspection Est. Type Risk Category Carr daint Research						tegory			
1045 144 (DS) NOW INTERPRESENCE CONTRACTOR 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 violati												violation				
Compliance Status Cost R Compliance Status												COS R				
Supervision									IN QU			of returned	d, previously serve	i,		
1	IN O	LIT	Person in charge pre	sent, demonstrates knowledge,		I		197	IN QU	, ,	reconditioned & u	nsafe food				
Ľ	IIV O	01	and performs duties								Time/Temperatur	e Control fo	or Safety			
2	IN O	OUT N/A Certified Food Protection Manager							IT N/A N/O	Proper cooking tin	ne & tempe	ratures				
			Employ	ee Health		1				IT N/A N/O	Proper reheating p					
3	IN O	UT		mployee and conditional employee;	-	1		-		IT N/A N/O	Proper cooling tim					
-	INLO	LIT	knowledge, responsit		-	-		_		IT N/A N/O	Proper hot holding		112.2.2			
4	IN O		Proper use of restrict		-	-				IT N/A N/O IT N/A N/O	Proper cold holdin	Total Comment				
5	114 0	01		ding to vomiting and diarriteal events		-				IT N/A N/O	Proper date marki			tia.		
6	IN O	UT N/C		, drinking, or tobacco use	T	ľ	1	2411	14 00	T WA WO	And the last termination of th	er Advisery	procedures & record	ds		
7	IN O		i roper county, teaming					25	N OU	JT N/A			raw/undercooked fo	od		
			Transfer and a training of	mination by Hands	1	_		-			Highly Suscept					
8	IN O	UT N/C	Hands clean & prope	rly washed	T	T		26	N OU	IT N/A	Pasteurized foods	used: prohib	ited foods not offere	d		
	IN O	UT N/A N/O		t with RTE food or a pre-approved						Foo	d/Color Additives			10 11		
			alternative procedure			1		27	IN OU	IT N/A	Food additives: ap	proved & p	roperly used			
10	IN O	UT	Adequate handwashing	sinks properly supplied and accessible	-	1_		28	N OU	IT N/A			tified, stored, & use	1		
			Approve	ed Source		_		-			onformance with	Approved F	Procedures			
	IN O		Food obtained from a	pproved source	S.			29	N OU	IT N/A	Compliance with va	riance/specia	alized process/HACC	P		
12	IN O	UT N/A N/C				-		- 1								
13	IN O	UT		on, safe, & unadulterated	5	-	-		Riel	factors are	e important practices	or procedur	res identified as the n	nost		
14	IN O	IN OUT N/A N/O Required records available: shellstock tags,		ilable: shellstock tags,	1	1-	Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health									
parasite destruction interventions are control measures to prevent foodborne illness or injury.											ury_					
15	Protection from Contamination N OUT N/A N/O Food separated and protected															
	6 IN OUT N/A Food-contact surfaces; cleaned & sanitized															
GOOD RETAIL PRACTICES																
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into 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																
					gba	R								COS R		
				f and Water						7	The second second second	e of Utensi	Is			
_	0	Paste	urized eggs used where	e required		1		43	_		tensils: properly sto					
3	_		& ice from approved s	The state of the s		1		44	_	The second second			ored, dried, & handle	ed		
3	2	Varia		lized processing methods			1	45 46	_		e/single-service art	icles: proper	ly stored & used			
		I _D		rature Control		T	1	40	1	Gloves	sed properly Utensils, Equipr	nent and V	endina	8 8 9		
3	3		r cooling methods used erature control	l; adequate equipment for			1		T	Food 8 -	non-food contact su					
3	4		food properly cooked fo	or hot holding				47			designed, construc					
3	_	100	ved thawing methods u					48			The state of the s		ed, & used; test strip	s		
3	6		ometers provided & ac	rement and a second sec				49	1		contact surfaces		ou, or discoul, rose outly			
		Food Identification							1			Facilities		,		
37 Food properly labeled; original container								50	1	Hot & co	ld water available;	adequate p	ressure			
			Prevention of Fo	od Contamination				51	1		g installed; proper l					
3	_	Insec	s, rodents, & animals n	ot present				52	_	Sewage	& waste water prop	perly dispos	sed			
			nination prevented during food preparation, storage & display					53	-			The second second second	upplied, & cleaned			
		-	al cleanliness					54					acilities maintained			
4	_	1000	g cloths: properly used	& stored	,			55 56			facilities installed,		Total control of the			
4	4	IVVash	ing fruits & vegetables		<u></u>	_	J, I	30	1	Adequate	e ventilation & light	ting; design	ated areas used			
Per	son	in Charge	(Signature)	cry				r				Date: 7/	23/19			
Ins	Inspector (Signature) NCC - 5/571 1933 Follow-up: YES NO (Circle one) Follow-up Date: TRD															
-														-		

Inspection Report Page A of A									
Health Sy 417 Fede	Division of Public Health vistems Protection rai St., Dover, DE 19901 License/Permit # No 45 3 44	Date 7/23/19							
Establish		Telephone							
	OBSERVATIONS AND CORRECTIVE ACTIONS								
Item Number									
	A complaint was received on July 22, 2019 regarding Cross roads	Restaurent							
-	The Complainant reports a live much	:							
		10							
	on July 23, 2019 an investigative inspection was conducted. During								
	I spoke with Kitchen manager and other management regarding Comple	4 1 1							
	15 recovering post service weekly due to reach issues. Western Pest	service stated							
	thing observed 2 numbers on 6 poster; 7/3/19 and 7/7/19 were the	Vos - Machine)							
	and I live much was socially by the we multiple outside I	L balen.							
	Multiple dead reaches were observed in the day storage area. The	drain was							
	not drawing properly in the latery. Multiple live reaches were	observed on							
	the cook line under the range. I Ew dead symphs were obser	and under the							
	remogratur near the door to go out the kitchen:								
	The owners management is aware of the much issue. They have	been in							
	Communication with their lest service Company Western to try	to eliminate							
	the issue. A temporary clustere was schedule for tomorrow July a company a thomash eleganing of retainant. The back area of the	V4 2014 10							
	Conduct a thorough eleaning of restaurant. The book area of the	-Planes and							
	states with clean distres/containors.	1 00/13							
	Personal items must be stored properly away from food preparate	in bandling							
	and dispensing areas.	0							
	8-404. 11 (1) Crossmands Restaurant must conse and desist operation								
	the post (miches) on-site in kitchen and bacement area live po	t is an							
	an minent thatthe Hazard.	1 11 - 11							
	the Health Dupartment for runspection. Please have past reports availa								
	Ye-inspection.	O O							
Person in C	charge (Signature) Date: 7/2	3 19							
Inspector (S	nspector (Signature) 1/00 - F15-70-038 Date: 7/03/14								