



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															
De	law	are	Divis	ion of Public Health		No. of Risk Factor/Intervention Violations Date									
Office of Food Protection								Repe	at Risk	Factor	Intervention Violatio		Time In 🕏		
				Dover, DE 19901	1					Score (option	- 16 - 16	Time Out 🔎	: 4	C	
Establishment  Address  Address  Address  City/St  Vicense/Permit # # 25/2   Permit Holder										- 6	Dt Zip	97/3	Telephone	38	laser.
Lice	ense	/Per	mit#	87/8/11/ Kalpost Pake	1	Pu	ırpo	ose o	of Insp	ection	Est	t. Type	Risk Cate	gory	
	icense/Permit # Purpose of Inspection Est. Type Risk Category NO 45 # 8 7 8 11 8 4 9 9 4 Pake Pake Purpose of Inspection FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
ш	<b>V</b> =in		oliance		m Mark "X" in appropriate box for COS and/or R pplicable COS=corrected on-site during inspection R=repeat violation										
_			ance S		S R Compliance Status cos										
		Supervision							TUO V		Proper disposition of	returned, previ	ously served,		
1	IN C	UT		Person in charge present, demonstrates knowledge,							reconditioned & unsa				
			4.1.0	and performs duties	-						Time/Temperature C		100	-	
2	IN C	UTN	I/A	Certified Food Protection Manager	<u> </u>	Щ				N/A N/O	Proper cooking time &				
				Employee Health		1		_		N/A N/O	Proper reheating prod	C response		$\Box$	
3	IN O	UT		Management, food employee and conditional employee;			_			N/A N/O	Proper cooling time a		3	+	-
4	IN O	UT		knowledge, responsibilities and reporting \ Proper use of restriction and exclusion \		$\vdash$				N/A N/O	Proper hot holding ter Proper cold holding te			$\vdash$	-
_	IN O			Procedures for responding to vomiting and diarrheal events	+					N/A N/O	Proper date marking a				-
2 1				Good Hygienic Practices				_		N/A N/O	Time as a Public Health			$\vdash$	-
6	IN O	UT	N/O	Proper eating, tasting, drinking, or tobacco use	Ť						Consumer A	the state of the s	ares or records	1	
	IN O	UT		No discharge from eyes, nose, and mouth		1 1	1	25 IN	1 OUT I	V/A	Consumer advisory pro-		dercooked food	T	
				Preventing Contamination by Hands							Highly Susceptible	e Populations			
8	IN O	UT	N/O	Hands clean & properly washed				26 IN	I TUO I	V/A	Pasteurized foods used	d; prohibited foo	ds not offered		
9	IN O	HT N	I/A N/O	No bare hand contact with RTE food or a pre-approved					_/	Foo	d/Color Additives an	nd Toxic Subst	ances		
			,,,,,,,	alternative procedure preperly allowed	_		1	_	I TUO I		Food additives: appro	oved & properly	used		
10	IN O	UT		Adequate handwashing sinks properly supplied and accessible	1_			28 IN	I TUO I		Toxic substances prop-		The second secon		
				Approved Source	_						onformance with App	proved Proced	ures		
	IN O			Food obtained from approved source				29 IN	1 OUT I	V/A	Compliance with variance	ce/specialized pr	rocess/HACCP		
12	IN O	UTN	I/A N/O	Food received at proper temperature	-			r							
13	IN O	UI	_	Food in good condition, safe, & unadulterated					Risk fa	ctors an	e important practices or r	procedures ident	tified as the mo	et	
14 IN OUT N/A N/O Required records available: shellstock tags,  Required records available: shellstock tags,  Required records available: shellstock tags,  Prevalent contributing factors of foodborne illness or inju															
	parasite destruction interventions are control measures to prevent foodborne illness or injury.										L.				
15	Protection from Contamination  5 IN OUT N/A N/O Food separated and protected													_	
_	-	UTN		Food-contact surfaces; cleaned & sanitized	Н										
				GOOD R	ETA	IL P	PRA	СП	CES						
				Good Retail Practices are preventative measures to contr	ol the	addi	ition	ofpa	athogen	ıs. chemi	cals, and physical object	ts into foods.			
Mark	"X"	in bo	x if num	bered item is not in compliance Mark "X" in appropriate					_		S=corrected on-site during		R=repeat vio	lation	
						R								cos	R
				Safe Food and Water							Proper Use of	fUtensils			
			Pasteu	ized eggs used where required				43		n-use ut	tensils: properly stored	d			
31	_		Water 8	k ice from approved source				44			equipment & linens: pro				
32	2		Varianc	e obtained for specialized processing methods			-	45			se/single-service articles	s: properly store	d & used		
	_	_		Food Temperature Control			100	46		Gloves u	sed properly				
33	3		Manufactor	cooling methods used; adequate equipment for					7 7		Utensils, Equipmen				
34				ature control	H			47	1 1.		non-food contact surfac				
35	_		100	od properly cooked for hot holding	H	Н		40			designed, constructed				
36	_			ed thawing methods used			-	48			hing facilities: installed, r	AND PARTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ed; test strips		
36 Thermometers provided & accurate  Food Identification								49	1 1	40H-1000	contact surfaces clear Physical Fac				
37	Ī	Ì	Eggd nr	operly labeled; original container				50	Ι Ι,	Jot 9	ld water available; ade		,		
	-		, oou pi	Prevention of Food Contamination	1		-	51		SECURE ASSESSMENT	g installed; proper back				
38			Insects	rodents, & animals not present	T		-	52			& waste water properly				
39	_		Contamination prevented during food preparation, storage & display					53		-	cilities: properly constru		& cleaned		
40			Personal cleanliness					54		and the same of the same	& refuse properly disp		200		
41			Wiping cloths: properly used & stored					55			facilities installed, mai				
42	42 Washing fruits & vegetables							56			e ventilation & lighting;				
				No.		2 20	117.00		n				11110		
ers	Person in Charge (Signature)  Date: 7/6/17														
				No. of the second second							w/max	1. 66	else ite	1000	2



Inspection Report Page of of											
Health Sy	ystem	s Protec	ublic Heal tion DE 19901				License/Perr	nit# 8	P 7		Date <u>8/6/19</u>
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Item Number											
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	wilets. Toilets must be accessible for use by										
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Person in 0	Charge	(Signature	1-1	1						Date:	816/19
Inspector (	Signatu	ure) /	on Z	115. T	- 047	?				Date;	76/19