

INQ-20200210-003130 - Without Permit

Entity

Name: El Fogon de Tato

Phone: Address:

> 2304 Kirkwood Hwy Wilmingotn, 19808

Regulated: No

Constituent

Name: Anonymous Anonymous

Phone: Address: Email:

Details

Intake Date/Time: Feb 10, 2020 10:30 AM

Inquiry Received Date/Time: Feb 10, 2020 10:27 AM

Incident Date/Time: Feb 08, 2020 05:27 PM

Type: Other

Type Explanation: FE operating without permit

Facility is operating without permit; Complainant's family was there for dinner.

Assignment Details

Status: With Triage Delegate

Assigned To: Office of Food Protection

Triage Inspector: Marc Eoppolo

Closed Information

Referred To: Results:

FBI Investigation Completed: No NEARS Assessment Completed: No

Cease and Desist Issued: No

Requested By: Harjit Kaur



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 Inspecti | | | | | | | | | ctio | n R | eport | | Pa | age | of | 2 | |
|--|--|---|--|--|--|-------|----------|-------|---|--------------------------|-------------------------------|---|--|--|--------------|-----------|----------|
| Delaware Division of Public Health | | | | | | | | | No. | of Rist | k Facto | r/Intervention Vi | olations | | Date | 2/1 | 1/20 |
| Office of Food Protection | | | | | | N | lo, c | of R | epea | at Risk | Factor | Intervention Vio | lations | | Time In | | 20 |
| 417 Federal St., Dover, DE 19901 Score (optional) NA Time Out 12:415 | | | | | | | | | | | 45 | | | | | | |
| Estat | olishn | 1 | La Til. | Address | 1/) 14. | | | | tate | | 1 | 0- | Zip Code | - | Telephor | 10 | 07 |
| 13 | 1 20 | 900 1 | de lato | | Kyusuu Itu | 7 | _ | _ | | ing | | , le | 1980 | | 513 | | |
| TO A STATE OF THE STATE OF | | ermit# | | Permit Holder | OIL | - | Pu | irpo | at in | of Inspe | 2 | -1 | Est. Type | | | Catego | ry |
| M | New Maribel Verga 2-0/1/2 | | | | | | | | - | PUIC | HEA | THINTERVI | ENTIONS |) | | neg | |
| | Ci | rolo docia | 100000000000000000000000000000000000000 | | Section 1 to 1 to 1 to 1 to 1 to 1 | | SA | 140 | | DEIC | e I III | INCOME TO SERVICE STATE OF THE | The state of the s | v for C | OS and/or | D | |
| IN: | Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered in IN=in compliance OUT=not in compliance N/O=not observed N/A=not | | | | | | | | item Mark "X" in appropriate box for COS and/or R applicable COS=corrected on-site during inspection R=repeat violation | | | | | | | | ion |
| | | liance S | | ne mornor obs | | COE | _ | | | ilamo | iance S | | o during intope | Cuon | п | | 08 R |
| | UIIIP | | | rvision | | | | | | | | Proper disposition | n of returne | d, previ | ously sen | ved, | |
| 1 1 | LOUT | | Person in charge pre- | | knowledge, | | | 1 | 17 IIN | OUT | | reconditioned & | unsafe food | | | | |
| יוון ד | TUO | 1 | and performs duties | | | | | | | | | Time/Temperatu | re Control i | or Safe | ety | - 12 | |
| 2 IN | 2 IN OUT N/A Certified Food Protection Manager | | | | | | | | | | N/A N/O | Proper cooking t | ime & tempe | ratures | 5 | | |
| 10,0 | | | Employ | ee Health | | | | | | | N/A N/O | Proper reheating | procedures | for hot | holding | | |
| 3 11 | OUT | | Management, food er | nployee and conditi | onal employee; | | | | | | N/A N/O | Proper cooling ti | me and tem | peratur | e | | |
| J | 1001 | | knowledge, responsib | | | | | | | | N/A N/O | Proper hot holding | ng temperati | ıres | | | |
| | TUO | | Proper use of restrict | ion and exclusion | | | | | _ | | N/A N/O | Proper cold hold | ing tempera | tures | | | |
| 5 11 | OUT | | Procedures for respon | | diarrheal events | | | | | | N/A N/O | Proper date man | king and dis | position | 1 | | |
| | | | T. | nic Practices | | | | 12 | 24 IN | OUTN | N/A N/O | Time as a Public I | The second secon | | dures & rec | cords | |
| - | TUO | N/O | Proper eating, tasting | the same of the sa | The attention to the same of t | | / | | n = l | | | | ner Advisor | | | | |
| 7 1 | 1 OUT | N/O | No discharge from ey | | | 1 | 1 | 2 | 25 IN | OUTN | N/A | Consumer advisor | | | | food | |
| To. | LOUIT | 11/0 | | mination by Hands | 5 | | | | 20/10/ | LOUTA | 1/4 | Highly Susce | A DESCRIPTION OF THE PARTY OF T | and the same of th | | | |
| 8 11 | 1 OUT | N/O | Hands clean & prope | rly washed | | | + | 4 | 26 111 | OUTN | | Pasteurized foods | | | | ered | |
| 9 11 | TUO I | N/A N/O | No bare hand contact | | pre-approved | | / | | 27 101 | OUTN | | Testion to / Wilson | 11.0 | | | - | 7 |
| IN IN | TUO | | alternative procedure | | | 1 | _ | | | OUTN | | Food additives: a | | | | eserge - | |
| 10 11 | 1001 | | Adequate handwashing | sinks properly supplied ad Source | d and accessible | | | | 20 114 | 10011 | | Toxic substances onformance with | | | | sed | |
| La UN | I OUT | | | | | | | | раТімі | OUTN | | 1 | | | 0.0 | 000 | |
| | | N/A N/O | Food obtained from a Food received at proj | | | | \vdash | 1.4 | COLIN | 10011 | W//\ | Compliance with v | ariance/spec | alized p | rocess/HA | CCP | |
| 12 | OUT | 14,7,114,0 | Food in good condition | | rated | | | | 1 | | | | | _ | | | |
| | | | | | | | | | | | | e important practic | | | | | |
| 14 1 | 14 IN OUT N/A N/O Required records available: shellstock tags, | | | | | | | | | | | buting factors of fo | | | | | |
| 7 | - | | | n Contamination | | | | | | Illifel sei | iiuoiis ai | e control measures | s to brevent ic | IOGDOM | a millezz Ol | injury. | |
| 15 1 | TUO | N/A N/O | Food separated and | protected | | | | | _ | | | | | | | | |
| - | TUO I | | Food-contact surface | s; cleaned & sanitiz | ed | | | | | | | | | | | | |
| | - | - | 1.01 | 1 | GOOD RE | TA | IL F | PRA | CTI | CES | | | | | | | |
| | | | Good Retail Practic | es are preventative m | neasures to contro | l the | add | ition | ofpa | athogen | s, chem | icals, and physical | objects into fo | ods, | | | |
| Mark | "X" in | box if num | bered item is not in con | npliance Mark | "X" in appropriate | box | for C | cos | and/ | or R | co | S=corrected on-site | during inspe | ction | R≍repe | at violat | ion |
| | | 1 | | | - Institution | cos | R | | | | | | | | | C | 05 R |
| | | | Safe Food | I and Water | | | | | | | | Proper U | se of Utens | lls | | LEC. | |
| 30 | | Pasteu | rized eggs used where | e required | | | | | 43 | 1 | n-use u | tensils: properly s | stored | | | | |
| 31 | | | & ice from approved s | | | | | | 44 | _ | | equipment & liner | | | | | |
| 32 | | Variand | ce obtained for specia | | thods | | | | 45 | | | se/single-service a | rticles: prope | rly store | d & used | | |
| | 7 | | | rature Control | | | | | 46 | | Gloves | used properly | Constitution of the same | factories and | | | 11 12 14 |
| 33 | | | cooling methods used | d; adequate equipme | ent for | | | | | r r | | Utensils, Equip | | | | - | _ |
| 0.4 | | | ature control | | | | | | 47 | 1 1 | | non-food contact | | | | | |
| 34 | | - | ood properly cooked for | | | | | | 48 | | Accessed to the second second | designed, constr | | | 17 | J. | |
| | - | Approved thawing methods used | | | | - | - | 49 | | Late and the Contract of | shing facilities: Insta | | red, & u | sed; test st | rips | _ | |
| 36 Thermometers provided & accurate | | | | | | | | | 40 |) (F | VON-100 | d contact surface | s clean al Facilities | | - | | |
| Food Identification Food properly labeled; original container | | | | | | | | ı | 50 | L | Int O as | - | | | | | |
| 37 | 1 | Irood p | THE RESERVE OF THE PARTY OF THE | Sales and the sa | | | | - | 51 | | | old water available g installed; prope | | | E | | |
| 38 | 1 | Incecto | Prevention of Food Contamination | | | | | - | 52 | | | & waste water pr | | | | | |
| 39 | | Insects, rodents, & animals not present Contamination prevented during food preparation, storage & display | | | | | | | 53 | | | cilities: properly c | | | d & clean | ed | |
| 40 | Containination prevented during lood preparation, storage & display | | | | | | | | 54 | | Wilesia Maria Maria | & refuse properl | 100 | | | - | |
| 41 | Personal dicarimess | | | | | | | 55 | | | facilities installed | | | | | | |
| 42 Washing fruits & vegetables | | | | | | | 56 | | | e ventilation & lig | | | | | | | |
| A 1/1 | | | | | | | | | | | | | | | | | |
| Person in Charge (Signature) OMO Social Date: 2/11/20 | | | | | | | | | | | | | | | | | |
| Inspe | Inspector (Signature) NCC- EHSII - 046 Follow-up: (FES) NO (Circle one) Follow-up Date: TOB | | | | | | | | | | | | | | | | |



| Inspection Report Page Z of Z | | | | | | | | | |
|--------------------------------|---|-----------------|----------------|--|--------------|----------|--------------------|--|--|
| Health Sy | Division of Public Heal stems Protection ral St., Dover, DE 19901 | | | License/Permit# | Date 2/11/20 | | | | |
| Establishn | | Address 2304 | Kilkwood H. | City/State | ton De | Zip Code | Telephone 5/3-3392 | | |
| El For | son de la la | 12304 | OBSERVATIONS A | and the second second second second second | | 1700 | 0 1212 2216 | | |
| Item | | | | | | | | | |
| Number | ti il | 111 0 | Complan | 1 | | - / | 1 | | |
| | Food Ectab | lishare | epost men | Fogor de | Tato " los | a fed | at 7304 | | |
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| | without a | food | permit. | 7 | , / | U | | | |
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| | business ou | uner | needs to | apply | fora (| hange | e of Owners | | |
| | Inspector | explain | ed how | 157 FRC | hunge or | 6w | resship | | |
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| | Services | in Non | 1 | e The | Hould | Dona | tone t | | |
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| Des | N | (1) | | | | > / | 1,1/20 | | |
| | Person in Charge (Signature) $\frac{1}{20}$ Date: $\frac{1}{20}$ | | | | | | | | |
| Inspector (| Signature) N(L - 6 | 113 II - C | 146 | | Dat | e: | 1120 | | |