

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									of <u> </u>						
Delaware Division of Public Health						No. of Risk Factor/Intervention Violations Date 12-519									
Office of Food Protection					1	No.	of R	Repea	at Ris	k Factor.	Intervention Vic	lations	0	Time In	1:05
417 Federal St., Dover, DE 19901						_,					Score	(optional)	MA	Time Out	4.25
Estal	Establishment Address Address							State			F	Zip Code		Telephone	
- (			Way alivine.	Second Unithornal	CAN				reb		(r	14000	6	784-25	the state of the s
License/Permit # Permit Holder						P	urp	050 0	of Insp	ection	1	Est. Type	e	Risk C	ategory
NIXALAN IEXO BILICO A Undica May Carin						C (		DI	NU	CHEA	TUINTERN	ENTIONS		N.	wa
	FOODBORNE ILLNESS RISK FACTORS 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														
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item							- 61 -								
_	IN=in compliance OUT=not in compliance N/O=not observed N/A=not a  Compliance Status						able		omo	liance S	S=corrected on-sit	e during inspe	ction	K=repea	t violation
	, OIIII	pliance S	Supervi	sion	-		1				Proper disposition	on of returne	d. prev	riously serve	100
V	7	- 91		nt, demonstrates knowledge,	T	T	1	17 IN	OUT	1	reconditioned &				_,
1 (1)	1 On.	Т	and performs duties	it, domenstrates knowledge,			l	-		100	Time/Temperatu	re Control f	or Saf	ety	
2 1	1 OU	T N/A	Certified Food Protection	n Manager				18 IN	TUO	N/A N/O	Proper cooking t				
Employee Health								N/A N/O	Proper reheating						
0 10	· bu	_	Management food empl	loyee and conditional employee	. [	Π		20 IN	OUT	N/A N/O	Proper cooling ti		10	The state of the s	
3 11	i on.	1	knowledge, responsibiliti		'			21/IN	OUT	N/A N/O	Proper hot holdi				
4 11	1 OU.	Т	Proper use of restriction					22 IN	OUT	N/A N/O	Proper cold hold				
5 11	1 On.		The state of the s	g to vomiting and diarrheal events				23 IN	OUT	N/A N/O	Proper date man	77	10000	n	
	7	W 1	Good Hygienic					24 IN	OUT	N/A/N/O	Time as a Public I		-		ords
6 11	1 On.	T N/O	Proper eating, tasting, d	rinking, or tobacco use				- 12				ner Advisor		1 5 9	
7 11	ľon.	T N/O	No discharge from eyes	nose, and mouth				25 IN	TUO	N/A)	Consumer advisor	ry provided for	raw/ur	ndercooked t	ood
402		7 -5	Preventing Contami	nation by Hands							Highly Susce	ptible Popul	ations	5	
8 11	1 OU.	T N/O	Hands clean & properly	washed				26 IN	OUT	Maria State	Pasteurized food				red
9 11	า อก.	T N/A N/O	No bare hand contact wi	ith RTE food or a pre-approved				-			d/Color Additive	es and Toxic	Subs	tances	
No.			alternative procedure pr	operly allowed	4	_			OUT	77.7	Food additives:	approved & p	roperl	y used	
10	# QU	T)		ks properly supplied and accessible				28 IN	OUT	CONT. (C)	Toxic substances				ed
			Approved	Source	-						onformance with	Approved I	Proce	dures	
11 1	1 on	T	Food obtained from app		-	_		29 IN	OUT	N/A	Compliance with	/ariance/speci	alized	process/HAC	CP
12	1 On.	T N/A N/O	Food received at proper	temperature	4			9							
13 11	1 00	1	Food in good condition,						Risk factors are important practices or procedures identified as the most				most		
14 11	1 OU	T, N/A.N/O	Required records availa	ble: shellstock tags,							buting factors of fo				
			parasite destruction	2 A		111			interv	entions ar	e control measures	s to prevent fo	odborn	e illness or i	njury.
Fin	LOU	T NICO NICO	Protection from C		-	_		_					_		
		and Transport	Food separated and pro		+-	-									
10   11	1 40	THIC	Food-contact surfaces; of	GOOD I	2FT4	MI	DR A	АСП	CES	1 -2 1			_	7 11	
	0.13		Cond Datail Drastings					Charles	10000	na ahansi	lanta and abuniant	ahinata inta fa	a da		
Mark	0V0 (M	hov if num	bered item is not in compli	are preventative measures to cont ance Mark "X" in appropria				-	_		S=corrected on-site			D-ropos	t violation
IVICITA	Λ 111	I GOX II HUITI	bered kein is not in compil	ance wark X in appropria	_	R	ĬĬ	ation	01 10		D-corrected on-site	during mape	CHOIL	IX-repea	COS R
			Safe Food ar	nd Water	10.00		ı	- 22			Proper U	se of Utens	ls		1200 000
30	Т	Pasteur	ized eggs used where re		T		İ	43		In-use u	tensils: properly s	stored			
31		2000	k ice from approved sour					44		Service Control	equipment & liner	271	ored c	fried, & hand	dled
32			e obtained for specialize				1	45			se/single-service a				
	(1)		Food Temperat	The State of the S	- 111			46			used properly				
33		Proper	cooling methods used; a								Utensils, Equi	pment and V	/endin	g	
33		and the second	ature control					47	10	Food & r	non-food contact	surfaces clea	anable		
34		Plant fo	od properly cooked for h	ot holding				77	X	properly	designed, constr	ucted, & use	d		
35 Approve		Approv	ed thawing methods used					48	7.	Warewas	hing facilities; insta	alled, maintain	ed, & u	sed; test stri	ps
36		Thermo	meters provided & accur	rate				49		Non-foo	d contact surface	THE RESERVE TO SERVE THE PARTY OF THE PARTY			
Food Identification				2072							al Facilities				
37		Food pr	operly labeled; original o	CANADA CONTROL				50			old water available				
	1-	1	Prevention of Food		-	-		51			g installed; prope				
38	2	-	rodents, & animals not					52		-	& waste water pr				
39	-			ood preparation, storage & displa-	/			53	><		cilities; properly c		-		
40		Personal cleanliness		+	_	-	54	1	THE RESERVE	& refuse propert				d	
41			cloths: properly used & s	stored			-	55 56	1		facilities installed				
42   Washing fruits & vegetables   56   Adequate ventilation & lighting; designated areas used															
Person in Charge (Signature)  Date: 92519															
Inspector (Signature) NO (Circle one) Follow-up Date: WIF															

Inspection Report Page L of 3								
Health S 417 Fede	iral St., Dover, DE 19901	Date 925/19						
Establish	ment CAIOIN Address OH April To City/State Zip Code	Telephone 444-2-50-1365						
	OBSERVATIONS AND CORRECTIVE ACTIONS	110000						
Item Number	Comphint:							
	laind a roach They saw another under the	table. There						
	did not interm management.							
	Ention Taken:							
· ·	Inspector looked through the entire retablishment and for	and mylling						
	rement dappines, live and dead insects, unclean foor							
	equipment. Establishment is closed due to past.							
	Violations:							
10	6-201. 11(PD: NO smo inside mens restroom							
	5-205.11 P.F. Kitakin hand sink and front box home	I sink found						
	not a racssible.							
9	3-301.11 (9): Observed employe perping bads without s	hes.						
17	3-701.11 Di Found expired letture inside pain marie.							
23	3-501. 17 (PE): Observed no date markings marked on	prepared						
16	4 Blot of frais inside reason religionator inside ki	tohen.						
16	4-601.11 P.D. Found dead roann on reach in religion	er door						
	by dry sturage.							
25	7-202. 12 (P) . Found WD-40 on prop table inside Kida,	hen and						
	Slainless steel akoner on dry storage rack							
38	6-501.111 P.F. Found Several live and dead increto	and radont						
	diappings throughout establishment.							
10	6-201.14 C: No hand wash sign available inside	Lathrooms.						
37	3-302, 12 c: NO labbles on load products/ remo	skd fram						
	Original container							
_38	6-202. 13 C: Found front door open.							
40	2-402, 116 Employees not waring hair restra	ints:						
41	4-101.1116 Freind cardboard Inside back ref	rigerators.						
Person in Charge (Signature)  Date: 1/2-5/19								
Inspector (	Inspector (Signature) NOC \$151 OHS Date: 9/25/19							

	Inspection Report Page 🔾 of 🐸	_
Health Sy 417 Fede	e Division of Public Health systems Protection eral St., Dover, DE 19901  License/Permit #  License/Pe	
Establish	Thent Cursing Address Old Capital Trail City/State Zip Code Telephone 14808 464-250-13	44
- 1-40	OBSERVATIONS AND CORRECTIVE ACTIONS	20
Item Number	William	
53	5-501. To C: No lid on trash can in womans	
	16 to both com.	
54	5-501, Hack: Found loads of trash autside of	
	slampster.	
	5-501. Be: Dumpster lid found gren.	
55	6-501.11 a: Ceiting tiles throughout colablishment	
	are missing	
	6-501.16 C: Mgp found not inverted.	
	6-501.1140: Soveral idle not in use equipment in	
	back area of establishment.	
	8.404.11(P): Die to past Establishment is closed	
-	Managment must contact inspector	
	to have establishment re-spensed.	
	antact into given	
	***	
	2	_
	the state of the s	
	XIII III	
Person in 0	Charge (Signature) Date: 9125119	
Inspector (	Signature) NCC EHST (48 Date: 9/35/19	