

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						of R	epea	t Ris	k Factor	/Intervention Violations	Time In A	00	
417 Federal St., Dover, DE 19901										Score (optional)	Time Out Z.	物	
Establishment Address City/State Zip Code Telephone													
8	14,	Hilley 140	y. Curine + 3320 Od Chotal Ila	11	11	AJI	IVA	1111	ton,	17-190	8 302-600-	2659	
License/Permit # / Permit Holder LAY LLC Purpose of Inspection Est. Type, Risk Category													
N18212K1ESP. 81112UZIMINDER MOR. CRISING + FOLLOW - CIP FE MEC													
FOODBORNE KLINESS 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													
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation													
Compilatice status											COS R		
			Supervision	-			17 IN	QU1		' '	i, previously served,		
1 H	N O	UT	Person in charge present, demonstrates knowledge,			-	12	_		reconditioned & unsafe food	- North	1 1 1	
			and performs duties	4	_	-	40 104		ALIA ALIA	Time/Temperature Control for		7	
2   11	NO	UT N/A	Certified Food Protection Manager	_					N/A N/O	Troper cooling time of temper		+	
			Employee Health	ī	-				N/A N/O	Proper reheating procedures	The state of the s		
3 11	ΝО	01	Management, food employee and conditional employee;						N/A N/O	Tropic county miles and county	The same of the sa		
	NI O		knowledge, responsibilities and reporting	-	_				N/A N/O	Proper hot holding temperatu			
-	N O		Proper use of restriction and exclusion	-	-					The state of the s	197A		
5 1	ΝО	OI .	Procedures for responding to vomiting and diarrheal events						N/A N/O	Proper date marking and disp			
, la	N O	UT N/O	Good Hygienic Practices	7		-	24 IIV	00	OVN AVN	Time as a Public Health Control Consumer Advisory			
0	N O		Proper eating, tasting, drinking, or tobacco use	-		H	25 IN		- NI/A	Consumer advisory provided for			
7 1	NO	UT N/O	No discharge from eyes, nose, and mouth Preventing Contamination by Hands	_	_	Н	23 114	001	N/A	Highly Susceptible Popul		4	
- [1	N O	III N/O		-1	-	H	26 IN	LOUI	- NI/A		1		
8	NO		Hands clean & properly washed	-	_	н	20 114	001		Pasteurized foods used; prohib od/Color Additives and Toxic			
9 1	N O	O I INVATING	No bare hand contact with RTE food or a pre-approved			J.	27 IN	LOUI		The V cours was			
10	NI O		alternative procedure properly allowed	-	-	-	28 IN			Food additives: approved & p	me Latin Consultation		
10]	IV O	101	Adequate handwashing sinks properly supplied and accessible Approved Source				ZO III	انات		Toxic substances properly iden onformance with Approved F			
	N O	UT				Н	29 IN	LOUI					
	_	UT N/A N/O	Food obtained from approved source		-	L	LOTIN	001	IVA	Compliance with variance/specia	alized process/HACCF		
1-	N O		Food received at proper temperature	-	-								
13		.01	Food in good condition, safe, & unadulterated	-	-	Risk factors are important practices or procedures identified as the							
14	14 JIN OUT MA MO J		Required records available: shellstock tags, parasite destruction			prevalent contributing factors of foodborne							
			Protection from Contamination					Inter	entions ai	re control measures to prevent for	odborne lilness or injul	У	
16 1	N O	UT N/A N/O	Food separated and protected					_	_			_	
		UT N/A	Food-contact surfaces; cleaned & sanitized										
			GOOD RE	TΑ	IL F	PR/	ACTI	CES					
			Good Retail Practices are preventative measures to control to		-	ST LINES	AND PROPERTY.	to the same of the		icals, and physical objects into for	ods.		
Mark	"X"	in hox if num	bered item is <b>not</b> in compliance Mark "X" in appropriate b					_		S=corrected on-site during inspec		olation	
				05								COS R	
Safe Food and Water										Proper Use of Utensi	Is	0 14	
30		Pasteui	rized eggs used where required		F		43		In-use u	itensils: properly stored	The same of the sa		
31			ice from approved source				44		CITY OF CASE OF THE PARTY OF TH	equipment & linens: properly st	ored, dried, & handled	1	
32			ee obtained for specialized processing methods				45			se/single-service articles: proper			
			Food Temperature Control				46			used properly			
00		Proper	cooling methods used; adequate equipment for				141			Utensils, Equipment and V	ending		
33			ature control				47	0	Food &	non-food contact surfaces clea	anable,		
34			ood properly cooked for hot holding				4/	C	properly	designed, constructed, & use	d		
35	;		ed thawing methods used				48		Warewas	shing facilities: installed, maintain	ed, & used; test strips		
36	;		ometers provided & accurate				49		Non-foo	d contact surfaces clean	WEIB CACKAMOTHINE		
	Food Identification								Physical Facilities				
37		Food pr	operly labeled; original container				50		Hot & co	old water available; adequate p	pressure		
Ī.	-	The second secon	Prevention of Food Contamination				51		Plumbin	g installed; proper backflow de	evices		
38		Insects	, rodents, & animals not present				52		Sewage	& waste water properly dispos	sed		
39		Contam	ination prevented during food preparation, storage & display				53	C	Toilet fa	cilities: properly constructed, s	supplied, & cleaned		
40		Personal cleanliness					54	C	Garbage	e & refuse properly disposed; f	acilities maintained		
41 Wiping cloths: properly used & stored					55	0	Physical	l facilities installed, maintained	& clean				
42		Washin	g fruits & vegetables				56		Adequat	te ventilation & lighting; design	ated areas used		
Person in Charge (Signature)  Date: 9/27/19													
Inspector (Signature) WOLEHS II OHS Follow-up: YES (NO) (Circle one) Follow-up Date:													

		Inspectio	n Report		Page of
Delaware Divisio Health Systems I 417 Federal St., D	over, DE 19901		License/Permit#	0. 8/1/20	Date 1/27/14
Establishment El Miguey	Mry Luisine 3320 (	Old Coild Too	City/State  I	NS Zip Code	Telephone 302-666 - 2669
Item Number The	Following Vielation	s have be	on Borrooted		
The same of the sa	11.11 DF : SAGD H	At the second second		THE REAL PROPERTY.	
5-2	05.11 PF: Kitcher	n hand si	ink found acc	resible.	
9. 3-3	301.11 P: No bar	e hand c	entact obser	nd.	
173.	701.11P: NO CX	pire food	s found in a	Stablish	
P.	501. 17 PF: Da		1		refrigators.
	501.11 PF: All con	6		N 14 W	A
	202.17 P: 1				
	501.111 PF; NO				
	301.14 C : Han				
3/3-	302.12 C: Labo		Cri 1000 proc	wers removed	From Criginal
nse h	Ava	niver -	1- 6- 1 10	lesel	
380-	202.15 C: Al	1 1			and a second
47 4	101.19 C: Fains.				
53 5	The state of the s			de womans to	
	501.16 C: NO-	4			0173370000
	501.113 d: D		id found cl		
	. 1	. 0	found repaire	1	
6-	501.16 C: Map		nucked		
UIA &.	404. 11 P: N	10 post -	found Inside	establishmen	nt.
	6	stablishn	ent may	be re- gren	ed
	(n	this do	ik 9/27/	19	
				11	
<u> </u>					
-8			* <u>*</u>		
				H	
7		1		(4)	
11	XXX			,	1 1
Person in Charge (S	gnature)			Date:	127/19
Inspector (Signature	NOCEHSTI O	M8		Date: 9	127/19