

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															
Delaware Division of Public Health								No. of Risk Factor/Intervention Violations O Date 9519								
Office of Food Protection							No. of Repeat Risk Factor/Intervention Violations Time In									
417 Federal St., Dover, DE 19901							-						optional)	WA Time Out	100	
Establishment Address								-	Stat		0		Zip Code	Telephone	91	737
Gudavari 3615 Kir Kunsel Hung										note			14801	(300) 99	1- Uc.	3/3/
License/Permit # Permit Holder							Purpose					Il a dente d	Est. Type	Risk Ca		У
ANGLESS TOURS PISK FACTOR						70				2101		THINTEDVE	NITIONIS	me	IL.	_
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																
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a Compliance Status								<u> </u>								s R
Supervision							-	П					of returne	d, previously served		
				sent, demonstrates knowledge			_	Н	17	IN OUT	Г	reconditioned & u		a, previously server	''	
1	IN Of	JT	and performs duties	sent, demonstrates knowledge	71							Time/Temperatur		for Safety		-
2	IN OL	JT N/A	Certified Food Protect	ion Manager	-	_		П	18	IN OU	Γ N/A N/O	Proper cooking tir				Т
			+1	e Health	1				19	IN OU.	N/A N/O	Proper reheating				
				nployee and conditional employee	1		Г				N/A N/O	Proper cooling tim				\top
3	IN OU	JT	knowledge, responsib	CARLO CONTRACTOR CONTR	Jyee,				21	IN OUT	Γ N/A N/O	Proper hot holding				m
4	IN OU	JT	Proper use of restricti		1	£	7		22	IN OUT	ΓN/AN/O	Proper cold holdin				
5	IN OU	JT	Procedures for respond	ding to vomiting and diarrheal ev	vents		1		23	IN OU	N/A N/O	Proper date mark				
				nic Practices	-	1	-	5	24	IN OU	N/A N/O		-	l: procedures & recor	ds	
6	IN OL	JT N/O	Proper eating tasting	drinking_ortobacco use			/					Consum	er Advisory	У		
7	IN OF	JT N/O	No discharge from ey			-		7	25	IN OUT	ΓN/A	Consumer advisory	provided for	r raw/undercooked fo	bc	
			Preventing Conta	minetion by Hands								Highly Suscep	tible Popul	lations		
8	IN OF	JT N/O	Hands clean & proper	ty washed			1		26	IN OUT				oited foods not offere	d	
9	IN OL	JT N/A N/O	No bare hand contact	with RTE food or a pre-appro	ved	1	Δ.					d/Color Additives	and Toxic	Substances		
			alternative procedure	properly allowed	1		1			IN OUT		Food additives: a	oproved & p	properly used		
10	IN OL	JT		sinks properly supplied and acces	sible		1.	Y	28	IN OU	[N/A			ntified, stored, & use	1 -	10
				d Source	-				V			informance with	Approved	Procedures		
	IN OL		Food obtained from a					ļ	29	IN OUT	N/A	Compliance with va	riance/speci	alized process/HACC	Р	
14		JT N/A N/O	Food received at prop					1	-							
13	IN OU)		n, safe & unadulterated			Risk factors are important practices or procedures identified as the most									
14	IN OL	OUT N/A N/O Required records available, shellstock tags,				prevalent contributing factors of foodborne illness or injury. Public health										
	parasite destruction Protection from Contamination				interventions are control measures to prevent foodborne illness or injury.											
4 11	INLO	JT N/A N/O	Food separated and p		-		_				\rightarrow	1				12
		JT N/A	Food-contact surfaces	The second second						3						
10		71107	Food-contact surfaces		DRE	TA	11:3	PR.	AC:	TICES	_					
	GOOD RETAIL PRACTICES															
Mar	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															
FILTOCI		III GOZE II NGIII	Dares (Call to Hot III coll)	prisince interior of in appric	The same of the last	COS			GF 1011 11	dioi it		o confected on site	auring mape	orear st repetit	111	R
Safe Food and Water Pro						Proper Us	e of Utensi	ils								
3	0	Pasteui	rized eggs used where						43		In-use ut	tensils: properly sto	ored			
3	1		& ice from approved so	The state of the s					44		A5.53 5.0			ored, dried, & handle	d	
3	2			zed processing methods					45			se/single-service art		The state of the s		
Food Temperature Control							46									
3:	3	Proper	cooling methods used	; adequate equipment for								Utensils, Equip	ment and V	/ending		
		temper	ature control		1				47		Food & r	non-food contact s	urfaces clea	anable,		
3.	_	Plant fo	od properly cooked for	r hot holding	1						properly	designed, construc	cted, & use	d		
3:		Approve	ed thawing methods us	sed	_\				48	_	Warewas	hing facilities: install	ed, maintain	ed, & used; test strips	311	
31	6	Thermometers provided & accurate						49		Non-food	d contact surfaces					
Food Identification			1				-		Physical	Facilities		4				
3.	7	Food pr	operly labeled; origina			V			50			ld water available;				
-	2	To se		od Contamination		A		-	51	_		g installed; proper				
31	_	- Contraction of the Contraction	, rodents, & animals no						52	_	The second second	& waste water proj		Contract and the second		
39		Contamination prevented during rood preparation, storage of		food preparation, storage & dis	splay				53			***		supplied, & cleaned		
4	_			Valua II				-	54 55	_			The state of the s	acilities maintained		
42		A STATE OF THE PARTY OF THE PAR	Wiping cloths: properly used & stored						56		11.00	facilities installed,	10.	and the last of th		
7,		Ivvasnin	g fruits & vegetables					L	30		IAdequati	e ventilation & light	ung; design	ated areas used		
Per	son i	n Charge (Signature	(00-									Date:	5/19		
2 3000	- Seri I II		C.									-	Date: HC	411		- 1
Person in Charge (Signature) Date: \$\frac{15}{9}\$ Inspector (Signature) C(-\tilde{D} \tilde{T} \tilde{T}) 3 \tilde{S} Follow-up: YES NO (Circle one) Follow-up Date:																



	Inspection	n Report	Page 2 of 2							
Delaware Division of Public He Health Systems Protection 417 Federal St., Dover, DE 199	ealth	License/Permit# N/16/235	Date _9/5//9							
Establishment	Address	City/State	Zip Code Telephone (30) 999 - 0086							
Godavari	3615 Kirkward Hung	ND CORRECTIVE ACTIONS	11100 (30) 1117-2000							
Item Number Reinspectum	or closure of Godava									
The following	The following violations have been coppied:									
A A	- Roahes, flies and mile have been eliminated from Restaurant									
	- April post service and Gudavan have a new contract. Post service on 9/3,									
	- Kitchen server Station, any storage, walk in retring afor bar and storage area									
have been clean and saintived. Multiple food items and unused tems semoved.										
- All apon to	ul has been discarded.									
	- Igupment, with usens, Is have been cleaned and sanitial.									
- 10-50 Contain	- To-so containes discarded.									
	- Holes in walk sealed in Kitchen and bathoom and during area All Hems unrecussion for restaurant removed.									
- Liners and	- Liners and plastic lining from butlet table discarded. - Find and dishes separated. - All glassware petebro, when is and chalke pans are being washed rinsed									
- First and de										
and sanitaid	c, pitches, ulensils o	not chalks pans are b	eing Washed, Yinse d							
	working property.									
Continuing was	ideny on:	create a cheanne schoolede	() () () ()							
- Bar boards		Create a Cleaning Schidele	106 State Daily, Walking							
0	est in Retainent.									
9-40/110	Adalas Man Farmer	appration. The green in	searcher Coult bear							
and post ink			1 ()							
1										
		NI								
Person in Charge (Signature) 6 6. Clean Date: 9/5/19										
Inspector (Signature) No. 154	5I-038	D	ate: 9/5/19							
7			\$04123-57 06/15							