

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														
Delaware Division of Public Health									Intervention Violati	ons		Date	71701	
	Office of Food Protection					No. of Repeat Risk Factor/Intervention Violati						Time In	160	
417 Federal St., Dover, DE 19901 Establishment Address									Score (o			Time Out	3-13	
ESta	ablishment	HOT	Address 25 CHU CHEK	80	-	ity/St	ate	DONEY	, DE	Zip Code		Telephone	A + [.]	
License/Permit # Permit Holder			£ 1.2	Р	urpos	se of	Inspection		Est. Type	-	Risk Catego	ory		
	L-18	7038	DBORNE ILLNESS RISK F	ACTOR	100			Manit	TH INTERVENTION	ONIC		Hogi	}	
	Circle designa		N, OUT, N/O, N/A) for each num			AND	PUE	DLIC HEAL	Mark "X" in appro		for CO	S and/or P		
IN:	= in compliance			A=not ap		able		COS=	corrected on-site du			R=repeat violat	ion	
	Compliance St			cc	S R		Co	mpliance Sta					COS R	
			rvision		-	1	7 IN	OUT	Proper disposition of		, previo	usly served,		
1 1	N OUT	OUT Person in charge present, demonstrates knowledge, and performs duties				reconditioned & unsafe food  Time/Temperature Control for Safety								
2 1	N OUT N/A	Certified Food Protectio	n Manager		18 IN OUT N/A N/O Proper cooking time & temperature									
			ee Health		19 IN OUT N/A N/O Proper reheating procedures for hot holding									
3 1	N OUT	knowledge, responsibilit	loyee and conditional employee ies and reporting	;	20 IN OUT N/A N/O Proper cooling time and temperature 21 IN OUT N/A N/O Proper hot holding temperature									
	N OUT	Proper use of restriction							Proper cold holding					
5 1	N OUT		ing to vomiting and diarrheal eve	ents					Proper date markin					
6 1	N OUT N/O	Proper eating, tasting, d	rinking or tobacco use	-		2	4 IN	OUT N/A N/O	Time as a Public He	00000000	ALCOHOLD BY CONTRACT	cedures & records		
		No discharge from eyes				1 2	5 IN	OUT N/A	Consumer advisory	er Adviso	-	undercooked food	1	
		Preventing Contain	mination by Hands				9 111	0011477	Highly Susce	-				
8 11	N OUT N/O	Hands clean & properly				2	6 IN	OUT N/A	Pasteurized foods (		Contract of the Contract of th			
9 11	N OUT N/A N/O	alternative procedure pr	ith RTE food or a pre-approved operly allowed				7 101		ood/Color Additives					
10 II	N OUT		inks properly supplied and accessi	ible	t			OUT N/A	Food additives: app Toxic substances p	HARLEST THE STREET				
			d Source	-					Conformance with					
	N OUT N/A N/O	Food obtained from app Food received at proper			+	29	9 IN	OUT N/A	Compliance with va	riance/spe	cialized	process/HACCP		
	N OUT	Food in good condition,			+		-							
	N OUT N/A N/O	Required records availa												
17 "	100111/711/0	parasite destruction			L				are important practice buting factors of foc					
15 11	N OHT-N/A N/O	Food separated and pro	1 Contamination		-	-			re control measures to					
	N OUT N/A	Food-contact surfaces;					-							
				D RET								2.00		
	(DZ)(1) (1 (1 ) (1		are preventative measures to c											
Mark	"X" In the box II	f numbered is not in compl	iance Mark "X" in appropriat	Lite	S R	and/	or R	COS=0	corrected on-site during	ng inspection	n	R=repeat viola	tion cos R	
V.		Safe Food	and Water	7.000	-				Proper Us	e of Uten	sils		GOS K	
30	Pasteurized	eggs used where require	ed		0	43	3	In-use utens	ils: properly stored					
31		from approved source			7	44	_		uipment & linens: pro	perly stor	ed. drie	d. & handled		
32	Variance obt	tained for specialized pro	cessing methods			45	-		ingle-service articles					
			rature Control		-	46	_	Gloves used						
33		ng methods used; adequ			T		-		Utensils, Equip	ment and	Vendir	ng		
	temperature	control				4	7	Food & non-	food contact surface				TT	
34		roperly cooked for hot ho	lding			47	-	designed, co	onstructed, & used					
35		awing methods used				48	_		g facilities: installed,		ed, & us	ed; test strips		
36	Thermomete	rs provided & accurate				49	9	Non-food co	ntact surfaces clean					
0.7	I	Food Idea								I Facilities				
Food properly labeled; original container						50	-		ater available; adeq			Α		
Prevention of Food Contamitation						5	-		stalled; proper backf		S			
38	1	ents, & animals not prese				52	-		aste water properly					
39			preparation, storage & display			53	-		es: properly construc					
40	Personal clea					54	-		efuse properly dispo			ntained		
41					-	55	-		lities installed, main					
42														
Person in Charge (Signature)  Date: 1747020  Follow-up: YES NO Follow-up Date: 750  (Circle one)														
Inspe	ector (Signature	erec-Elbj	t #008					low-up: YE	S NO Follow	w-up Date	: 1	RD		

		In	spection	Report			Page 2	of 4		
Health S	e Division of Public Health ystems Protection eral St., Dover, DE 19901				K182038	'n	Date 1 7 2020			
Establish	ment HOP	Address 215 (14()		City/State	v. DE	Zip Code	Telephone	36-6360		
			EVATIONS AND C							
Item 7 Number	16-501 111	(1) Sayara	A mark	Livele	dead an	d ali	V.Q CC	ackinately		
38	in dishwa	shing o		,						
	observed	directly				1120	X .	C. I CIAC HI		
	serve a	. 1	tood			U.3^	C. [[]			
P	8-404.11	Establish		ALVE SERVICE	5 imme	diatel	y CPC	cise.		
	operations	due	to white	Kin I	health	haran	d of			
	gioss uns	apitare	rond	tions	that	mac	end	anger		
	public hec	ith.	/				<u>'</u>			
(0)	6-501.112	Observe		1ercil	docad co	ckrcac	has 1	hia +		
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(PF)	4-60111							12.		
14		ori ma	1					juipment,		
	1	viney ha	c mu	1+1pa	layers	01	food			
	buildup.		_					- X		
	* Closure	2 2110 5	10 10 D	0+ 10	be re	move	d (-100	ono		
	front and	back	docus							
	Health.		-			1	)			
	TO Reoper	n) + 4			1					
	* NO	dead or	alive	Cook	roaches	ani	whave	e in		
	establishin						,	- No. 1		
	* Thoroug	nly dec	p clea	m gr	III area	: (10	015,09	upment.		
X	shelves, vi	rall's . ce	and u	nder's	ide of	£101-	top.			
	* All dra									
	* Leep G	spies ut	all	post	manager	tont	recor	ejZ		
Person in C	Charge (Signature)	2				Date:	7/2020			
Inspector (S	Signature) K-C - EI-	15 TT #00	08		4	Date:	7/20201			



======		Inspect	ion Report			Page of
Health Sys	Division of Public Health stems Protection al St., Dover, DE 19901		License/Permit #	K187038		Date 1 7 7.02
Establishme	ent I HOP	Address Little Creek			Zip Code	Telephone 302 - 73(0 - (13
Item		OBSERVATIONS	AND CORRECTIVE	ACTIONS		
Number	TO leap	en continu	ed:			
	* Cons	alties the	licenses	1 post p	roles:	sional on
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		cents. Alu	,			ce and
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	discarded	:				
	4 0 5 1 1	(2.2) 7/1/1	177 ^	1100 9 - 10 4	1 10	V 0 0 0 0 0 1
	* Call	(302) 744-	1			
	inspection			MUST		4
	9	e traith is	pla ton	Styllor, 40	7 130	1016
	TES-WINN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				*
	* 700	ablahment (	WILL MAGNE	Evenos a	31166	Luna "
		ory to a				A Sec. 5
		ducted even				two
		inspections				(8).00
		inclation (Pl			d	
	<b>V</b>		atins			
W.						
	11	*=>				116
Person in Ch	arge (Signature)	Come		Da	te:	17070
Inspector (Si	gnature) Y C - E H	T 1008 C	1	Da	te: 1 7	12020



Inspection Report Page of Of						
Health Sy	ral St., Dover, DE 19901	Date 1 7 7020				
Establishr	Address Address City/State Dover DE Zip Code 1990	Telephone 362 - 736 - 63				
	OBSERVATIONS AND CORRECTIVE ACTIONS					
Item Number	Complaint					
	INQ-20200107-003049-IHOP Dover					
	" complained of raches in the establ	ishmont?				
	During my inspection of the establis	hunent				
	regarding this complaint there were	Dumerous				
	dehe and alive cockroaches found					
	dish wash ound will areas. This con					
	is valid. Establistivment was ordered					
	operations due to imment health has					
	gross unsuntary conditions.					
	,					
Na.						
Person in 0	charge (Signature) Date:	7 7 67 0				
Inspector (	Signature) KC -THS T +008	17070				