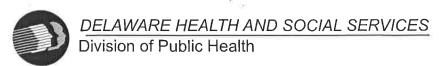


Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 3 calendar days for priority items, 10 days for priority foundation items (8-405.11) or 90 days for core items (8-406.11).

Food Establishment Inspection Report													
Delaware Division of Public Health										Date	7-6-1	9	
Office of Food Protection					of R	epe	at Risk Factor	/Intervention \	/iolations	Time	In LUC	2	
417 Federal St., Dover, DE 19901								Scor	e (optional)	Time	out 4.15	5	
Establishm	如长	Rabour Address Mar 12.15		Ci	ty/s	State	0 1 - 1 1 1	11.	Zip Code	Teler	phone 1/2	-/	
VITE	11)	Bakery 113 Marret Si			\boldsymbol{r}	11	ageru	u_{-}	1949	DU	19-4	20	
License/Pe	TO TO	15 Polymit Holder Bakery L	10	PL	Epo	ose	of Inspection	P	Est. Type	R	Risk Category	4	
Contract which		FOODBORNE ILLNESS RISK FACT	OR					THINTER	VENTIONS	Villa t most		410 60	
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 com	_	OUT=not in compliance N/O=not observed N/A=			able)	co		site during inspe		repeat violation	n	
Compl	iance S		cos		Т		Compliance S					S R	
	Columbia	Supervision		reii.	1		N OUT		ition of returned	d, previously	served,	\Box	
1 INOUT		Person in charge present, demonstrates knowledge,	П		(4	1	14 00 1	reconditioned	& unsafe food				
\sim		and performs duties				TO CH	ALC: NO RESE	Time/Tempera	sture Control f	or Safety		100	
2 IN OUT	NA	Certified Food Protection Manager					N OUT N/A N/O	Proper cookin	g time & tempe	ratures			
TO SEE AND	1	Employee Health			1 1 -	_	N OUT N/A N/O		ing procedures		ing		
3 IN OUT	,	Management, food employee and conditional employee;			l 1-		N OUT N/A N/O		time and temp			\perp	
4 IN OUT		knowledge, responsibilities and reporting	-	\vdash			N OUT N/A N/O		lding temperatu			\vdash	
4 IN OUT		Proper use of restriction and exclusion	-			_	N OUT N/A N/O	COMPLETE STATES	olding temperat	The second second		\vdash	
5 114 001	140 Au- 7	Procedures for responding to vomiting and diarrheal events Good Hygienic Practices		0.00			N OUT N/A N/O		arking and disp		Santan and a second	\vdash	
6 IN OUT	N/O		100	CHIP.	1	24	n out n/a n/o		ic Health Control		& records	1000	
7 IN OUT		Proper eating, tasting, drinking, or tobacco use	-		1	251	n out n/a	,	urner Advisory sory provided for		ooked food	109	
A SERVICE	1470	No discharge from eyes nose, and mouth Preventing Contamination by Hands	5045	100		20	IN OUT NIA	1	ceptible Popul		oked 1000	163753	
8 IN OUT	N/O	Hands clean & properly washed	Hes	ONTO	H	26 1	N OUT N/A				at afferred	-	
			-		h	2011			ods used; prohit			10051	
1 TUO NI e	N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			l li	27 1	N OUT N/A	The state of the s	s: approved & p	MATTER SPANNINGS		1	
10 IN OUT		Adequate handwashing sinks properly supplied and accessible	t		l 1-	-	N OUT N/A		ces properly ider			+	
SANTES MAIN	DO OTHER	Approved Source	100	102	1	100			ith Approved			SERVE.	
11 IN OUT		Food obtained from approved source	T		ı	29 1	N OUT N/A		th variance/speci			T	
12 IN OUT I	N/A N/O	Food received at proper temperature			-								
13 IN OUT		Food in good condition, safe, & unadulterated	X										
14 IN OUT I	N/A N/O	Required records available: shellstock tags,			İ	1			ctices or procedu Ffoodborne illnes				
		parasite destruction			/				res to prevent fo				
	PANES!	Protection from Contamination			,	X							
15 IN OUT I		Food separated and protected	-			,	\						
10 IN OUT I	N/A	Food-contact surfaces; cleaned & sanitized	mar a		00/	407	HOLD	mber 2 of the code	F1			-	
economica.	CHILLIANS	GOOD R	The party of	-	MANUAL PARTY	20 Carrie	The same of the same of	MODELLE STANIES	ATRALS HISAG	CEARGE STO	de servicio de la composição de la compo	500	
Mark "X" in h	ov if num	Good Retail Practices are preventative measures to contr bered item is not in compliance Mark "X" in appropriate							al objects into fo site during inspe		=repeat violatio		
WALL OF HE	OX II IIUIII	bered item is not in compliance Mark "X" in appropriat	cos		ΪΪ	s and	SIOT K	S-corrected on-	site duling mape	cuon R		S R	
MEX SIVE	200	Safe Food and Water		1000	1	NAME OF		Prope	r Use of Utens	ils	ADMICANE I	Sales .	
30	Pasteu	rized eggs used where required	Т	П	1 [43	In-use t	itensils proper	ly stored			T	
31	Secretary of Tax	Rice from approved source			1	44		The state of the s	nens: properly s	tored, dried.	& handled		
32	Variand	e obtained for specialized processing methods				45			e articles: prope				
		Food Temperature Control	原的			46		used properly	\				
33	Proper	cooling methods used; adequate equipment for				Had.			unipment and	Vending	State of the State		
	Annual Section 1	ature control	_	L	IJſ	47	Food &	non-food conta	ect surfaces cle	anable,			
34		ood properly cooked for hot holding					properly	designed, cor	structed & use	ed			
35		ed thawing methods used		L	ļ	48	V V CH CYY C		nstalled, malotair	ned, & used;	test strips		
36	Thermo	meters provided & accurate				49	Non-for	od contact surfa					
37	W0.0 = 151	Food Identification	Mag	100	ŀ				sical Facilities	-		775	
37	[Food p	roperly labeled; original container	1	I I	łŀ	50	1100 00 0		able; adequate			\vdash	
38	Ingest	Prevention of Food Contamination	SENER.		łŀ	51 52	1.741114		per backflow d			+	
39		, rodents, & animals not present		\vdash	 	52	Cowago		r properly dispo			-	
40		ination prevented during food preparation, storage & display al cleanliness	-	\vdash	1	54	1.Ongt is		y constructed, perly disposed;		1		
41		cloths: properly used & stored	+	Н	1 1	55	9.00.00.00		deny disposed; illed, maintaine		named		
42		g fruits & vegetables 1.4		\vdash	H	56	11173100	AND THE RESIDENCE OF THE PARTY	lighting; desig		used	+	
-	The state of the s	V 1/10	_	-	ı L		1 Imacdas	- remidibil 0		, A	0	1	
Person in Charge (Signature) Date: 7-2-19													
Inspector (Inspector (Signature) X THS H + 219 Follow-up: YES (NO)[Circle one) Follow-up Date:												



Inspection	on Report	~W	Page 🔾	of Ø									
Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901	License/Permit # S 1 08945	•	Date 7-2										
Establishment Ralleur Address Market St	City state aboth	zip993	3 Telephone	1-450									
OBSERVATIONS AND CORRECTIVE ACTIONS													
Item Number													
Follow up impedien 1 facility due to gras with active roded	o 6/28/19 Clusaritary and roach int	SULL cond cstu	of otions ton										
Focility produced rece Control Company ve treamont for pest	pt from Accur	ati	Pert	ind									
during the inspection welkly.	De fiel from pest witne	ony opera	Nests low itor	S									
Juge attain food s (90) days as fins I not which if no and	alety certification a protect food prot	tun Legge echoo	weth A CO. 1 ma	in re rager									
a 12100 drunsport	nolation wil	l h	esult	CA									
Misk level has been meddun gruen con	moved from	low	to										
Facility is approved	topen,												
			0										
Person in Charge (Signature)	[Date:	2-19										
Inspector (Signature) .5 (//) # 419		Date:	-d-17										