

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						No. of Risk Factor/Intervention Violations Date 550/19					
Office of Food Protection						Repe	peat Risk Factor/Intervention Violations 2 Time In 23				
		St., Dover, DE 19901	4	To	-,	Zalla arman	Score (optional) Time Out 230				
	lishment	A CICILY RBA SO7 Carrington D	Stan	Zip Code Telephone							
License/Permit # Permit Holder						0050	e of Inspection Est. Type Risk Category				
K192.607. Lincoln Notice							audain t				
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS										
l	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 compliand		_	COS=corrected on-site during inspection R=repeat violation							
Comparision Proper disposition of returned previously served											
1 10	OUT	Person in charge present, demonstrates knowledge.				17 1	IN OUT reconditioned & unsafe food				
		and performs duties					Time/Temperature Control for Safety				
2 IN	OUT N/A	Certified Food Protection Manager					IN OUT N/A N/O Proper cooking time & temperatures				
-		Employee Health					IN OUT N/A N/O Proper reheating procedures for hot holding				
3 IN	qui)	Management, food employee and conditional employee:		X			IN OUT N/A N/O Proper cooling time and temperature IN OUT N/A N/O Proper bot holding temperatures				
4 IN	OUT	knowledge, responsibilities and reporting  Proper use of restriction and exclusion	_	./>			IN OUT N/A N/O Proper hot holding temperatures  IN OUT N/A N/O Proper cold holding temperatures				
5 IN	OUT	Procedures for responding to vomiting and diarrheal events				_	IN OUT N/A N/O Proper date marking and disposition				
		Good Hygienic Practices					IN OUT N/A N/O Time as a Public Health Control; procedures & records				
-	OUT N	i ropor cating, tacting, armiting, or tobacco asc					Consumer Advisory				
7 IN	OUT N	No discharge from eyes, nose, and mouth				25	IN OUT N/A Consumer advisory provided for raw/undercooked food				
a lini	OUT N.	Preventing Contamination by Hands		_		20/1	Highly Susceptible Populations				
		riands dictif a properly washed				26   1	IN OUT N/A Pasteurized foods used; prohibited foods not offered Food/Color Additives and Toxic Substances				
9 IN	OUT N/A N.	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				27 1	IN OUT N/A Food additives: approved & properly used				
10 IN	OUT)	Adequate handwashing sinks properly supplied and accessible			1		IN/OUTM/A Toxic substances properly identified, stored, & used				
	1	Approved Source			1		Conformance with Approved Procedures				
11 IN	OUT	Food obtained from approved source	1		1	29 1	IN OUT N/A Compliance with variance/specialized process/HACCP				
12 IN	OUT N/A N	Food received at proper temperature	1	1	1	/					
13 IN	001	Food in good condition, safe, & unadulterated	d	Risk factors are important practices or procedures identified as the most							
14 IN	OUT N/A N	Required records available: shellstock tags, parasite destruction	1	prevalent contributing factors of foodborne illness or injury. Public health							
		Protection from Contamination	_	-			interventions are control measures to prevent foodborne illness or injury.				
15 IN	OUT N/A N/	Food separated and protected >				+					
16 IN	OUT N/A	Food-contact surfaces; cleaned & sanitized									
		V GOOD RE									
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											
		Safe Food and Water		K			Proper Use of Utensils				
30	Past	eurized eggs used where required	I			43					
31	10 11 11 11 11 11	r & ice from approved source				44					
32	Varia	nce obtained for specialized processing methods			ĺ	45					
	1 1	Food Temperature Control				46	Gloves used property				
33	1 1 '	er cooling methods used; adequate equipment for					Utensils, Equipment and Vending				
34		food properly cooked for hot holding				47					
35	Appr	oved thawing methods used	-			48	properly designed, constructed, & used				
36		nometers provided & accurate				49	vvaiewasning lacilities. Instituted, maintained, or used, test strips				
	/	Food Identification			Ì		Physical Facilities				
37 Pood properly labeled; original container							X Hot & cold water available; adequate pressure				
Prevention of Food Contamination						51	Plumbing installed; proper backflow devices				
38		ts, rodents, & animals not present				52	beinge a made mater properly disposed				
/40	-	mination prevented during food preparation, storage & display			-	53 54	Tonor labilities, properly cursitated, supplied, a dealled				
41		nal cleanliness g cloths: properly used & stored	-		-	55	General Property disposed, lastings maintained				
42		ing fruits & vegetables				56	Thy order recentled mattering of cream				
Person in Charge (Signature) 2222 Date: 55001/9											
Inspector (Signature) X											
	Pollow-up. TES 1/NO (clicke offer) Pollow-up Bate.										



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Food Establishment Inspection Report Page of of										
Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901	1		License/Permit #	K192	607	Date 5507/9				
Establishment  KOLDDOM GELLA Address  COLLINGTONDO City/State  Telephone 3 Tel										
/ Item/Location	Temp	Item/Loc		Temp	Item/Locatio	n	Temp			
188701	25°F		/							
Ball Marie	51/46									
Cabraco	1605									
Chicker Abs	37									
							1			
	<u> </u>	OBSERVATION AN	ID CORRECTIVE	ACTIONS			-			
Item Violations cl	ted in this report	TOTAL SECTION AND AND AND AND AND AND AND AND AND AN	DESCRIPTION OF PROPERTY	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner	ed in Section 8-405.11 of the	Food Code	r			
Number		,				Hope.	v.			
TNQ -2019	0904	-002775	Food	Lock	was Disgusting					
Complaint	0 19 1		1 550		2000					
They part (										
	They but va clines or the cold mes foot good.									
Dung my J	During my Juspection / investigation I observed the following.									
- Mobile Uni	- mobile unit in need of organization (55) 6.551.114									
- Procked Hand SINK: (10) 5-205.11										
- No running unter										
- No Hot Guater (50) 5-103.11										
- No soniti	285 1	n use (	11) 3-3	14,14		1				
- Chemicals	improt	perly star	ed ou	er R	ice cooker/	under				
Hood (28)	7-2	01.11								
2) - No employee	Healy	h Jorms	accesso	ble.	(3) 2-201	1 × GOUP B	3 Mik cap			
s - Sauces Not	Pros	perly fets	perated	over	trep soo	ace				
(22) 3-501.	16			1	6 4 4 5		, 3			
- No Hond wash sign posted at Hend wash sink (10) 6-301-14										
(2) This is an invalid complaint of No use of Gloups										
(8-404 11)										
Due to imminent Health Hazard you are Beily closed for										
the Bove Reason & Grill Not on Plan Revised packet										
Please call (302) 444-1220 to Reopen Mobile unit										
Person in Charge (Signature)  Date: 550 19										
Inspector (Signature) XC NJC \$000 Date: 554pt 19										
Inspector (Signature)  Date:										



Inspection Report Page of								
Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901  License/Permit # K 192667	Date 5569 1 / 9							
Establishment Gull 4816 Address Outlaiton Dr City/State DE Zin Gode 1990	Telephone							
OBSERVATIONS AND CORRECTIVE ACTIONS								
Item Number 450.00								
You are Being Accessable a Reinspection fee								
8/1/19.	est inspection							
	. 50							
All PIPF Violations shall Be corrected	d serie							
- Unit will Be Cleaned & De Clartered	Befere							
Re gening								
you will need to Bring unit to	o Thomas							
Collins Buildry Before Regening								
- Do Not Remove closure sign; ong B	4							
Health Department Approvation	/							
Person in Charge (Signature)  Date: 5	500 419							
Inspector (Signature) XC HDC# 007 Date:	5 Sept 19.							