

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												r/Intervention Vi	olations	0	Date /	112	5/19
Office of Food Protection							No. of Repeat Risk Factor/Intervention Violations Time In										
417 Federal St., Dover, DE 19901							_					Score	(optional)	WH	Time Out	5.7	0_
Establishment Address					Ci		tate		n		Zip Code	je.	Telephon		-11-1		
License/Permit # / Permit Holder					164	a /	_	_		pection	-	Est. Type	7		Z Szego Catego		
11	11/12/509/1400 91/20 June Ju Wheli The						4	I	11/	leur	- (M)	2	Est. Type	-	RISK	و المار المار الماري الموار الماري	лу
FOODBORNEJLINESS 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																
_11	IN=in compliance OUT=not in compliance N/O=not observed N/A=not						_										
Domphanice Glatas						cos	R	-	C	omp	liance S						OS R
Z					rvision	_		1	7 IN	OUT		Proper disposition		d, prev	lously serv	red,	
1	IN C	TUC		- '	sent, demonstrates knowledge,				P			reconditioned & Time/Temperatu	_	for Saf	Survey .		
2	IN C	and performs duties OUT N/A Certified Food Protection Manager				1	8 IN	OUT	N/A N/O	Proper cooking					-		
	Employee Health					_			N/A N/O	Proper reheating				-	-		
2	INIC	MIT		Management, food employee and conditional employee;				2	0 IN	OUT	N/A N/O	Proper cooling ti					
3	IN C)U I		knowledge, responsibilities and reporting				2	21 IN	OUT	N/A N/O	Proper hot holdi					
4	IN C	N OUT		Proper use of restricti	on and exclusion				Trans	A COLUMN	N/A N/O	Proper cold hold					
5	IN C	UT			ding to vomiting and diarrheal events			_	The same	and the second	N/A N/O	Proper date mar	king and dis	position	n		
				7.0	nic Practices			2	4 IN	OUT	N/A N/O	Time as a Public	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	and other base of the same of	dures & rec	ords	
	IN C		N/O		, drinking, or tobacco use		H		o E In	LOUT	h1/0		ner Advisor			food	
7	IIV C	101	N/O	No discharge from ey	es, nose, and mouth mination by Hands	_		4	AII C	OUT	N/A	Consumer adviso Highly Susce				1000	_
0	IN C	UT	N/O	Hands clean & proper		_		2	26 IN	OUT	N/A	Pasteurized food				rod	-
	35											d/Color Additiva				reu	
9	9 IN OUT N		N/A N/O	alternative procedure	with RTE food or a pre-approved			2	27 IN	OUT		Food additives:	ASSESSMENT OF THE PARTY OF				-
10	IN Ç	UT			sinks properly supplied and accessible			2	8 IN	OUT	N/A	Toxic substances				sed	
					d Source						Co	onformance with	Approved	Proce	dures		
11	IN C	UT		Food obtained from a	pproved source			2	29 IN	OUT	N/A	Compliance with	ariance/spec	ialized p	process/HA	CCP	
12	IN C	IN OUT N/A N/O		Food received at proper temperature					_								-,
13	IN C	DUT		Food in good condition, safe, & unadulterated			\blacksquare	Risk factors are important practices or procedures identified as the mo									
14	IN OUT N/A N/O		N/A N/O	Required records available: shellstock tags,			prevalent contributing factors of foodborne illness or injury. Public health										
	-			parasite destruction Protection from	n Contamination	-				interv	entions ar	e control measure	s to prevent fo	oodborn	e illness or i	injury.	
15	IN X	OUT N/A N/O Food separated and protected							-								_
		1 TU		Food-contact surface	s; cleaned & sanitized												
					GOOD RE	TA	IL F	RA	CTI	CES						2 10	
				Good Retail Practic	es are preventative measures to control	the	addi	ition	of pa	athoge	ns, chemi	icals, and physical	objects into fo	oods.			
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																	
Cos R Cos R Cos R																	
3	0		Doctory		and Water				43	1	In uso u	tensils; properly s	11.000.000.000.000	HID.		-	7
_				rized eggs used where required & ice from approved source					44			equipment & liner		tored e	Iried & han	dled	
_	- Vidici			e obtained for specialized processing methods					45			se/single-service a		the same of the same of the same of	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	SIGH.	
T	1	-	Food Temperature Control						46			used properly			- Carrier Control		
3	3		Proper		; adequate equipment for				1			Utensils, Equi	pment and	Vendin	g		
33			temperature control						47		Food & r	non-food contact	surfaces cle	anable	5		
34				od properly cooked for		_		L				designed, constr					
35 36				ed thawing methods u				_	48	C		shing facilities: inst		ned, & u	ised; test sti	rips	_
3	ь					_		-	49	<u> </u>	Non-foo	d contact surface	s clean al Facilities				-
3	7		Food n	Food Identification ood properly labeled; original container					50		Hat 8 ac	old water available	The second second second second				
			Ir ood pi		od Contamination			-	51			g installed; prope			le.		
3	8	(Insects	rodents, & animals n					52			& waste water pr				7	
39			Contamination prevented during food preparation, storage & display						53			cilities: properly o			d, & cleane	ed	
4	40 Perso			nal cleanliness					54			& refuse proper					
41			Automotive Common Commo	Wiping cloths: properly used & stored				-	55		110000000000000000000000000000000000000	facilities installed	The second second second second				
4	2	Washing fruits & vegetables						L	56		Adequat	e ventilation & lig	hting; design	nated a	reas used		
Per	Person in Charge (Signature) Date: 125/19																
Ins	Inspector (Signature) VAC EHS TO OH'S Follow-up: YES NO (Circle one) Follow-up Date:																

Inspection Report Page A of A									
Health Sy	Division of Public Health estems Protection ral St., Dover, DE 19901	License/Permit # W142529 (Em 9/1/20)	Date 11 25/19						
Establish	Address HBK Slanta (k) cha	City/State Zip Code	7 Telephone 2439						
1310		AND CORRECTIVE ACTIONS	2 00 1 1 00 1						
Item Number									
27	2 8-501. 14 (D): All food preducts inside reachin freezer and								
	bain marie femped to 410 or lower								
8	2-301.17 D: Both cooks have been educated to use soap when								
	washing hands								
	2-301.14 (): Both cooks educated to wash hands between task.								
9		ducated to wear glaves of to							
	hands with soap when handling IZTE foods.								
10	6-301.12 PB: Paper favel fain	d at hand sink on cookin	gline.						
	6-301.11 (97: Soap available of	hand sink an cooking line	5						
	5-205. 11 (E): Hand sink on dook	ing are land accessible.							
15	3-307, 11 0: No cross overlas	rination found inside walk	- in refriguator						
	3-304. 11P): No Utensits foun	of inside bain mark or beta	ken prop topks						
16		ilean and free of enoresky							
17		a food products inside bai							
23	3-501. 17 (P): Date markings	found on all prepared food	products.						
	inside walk -	in refrigerater and reach-in	refrigerator.						
38	6-501.111 PA: Ingrestor con	wed post control report date	ed 11/22/19.						
		sings found throughout Ki	token.						
48	4-302.14 (PF): Test 5/100 0	vailable in stablishment.							
	8-404.11(P): Establish ment	- has dempleted a deep at	ean throughout						
	kitchen dryst	irage, prep area, and wearn	ashing area.						
	* Due to the amount in	of a deep clean and come	ertion of						
	all major violations this	s establishment mus by	repend						
-	on this date 11/25/19	1,-	/						
21									
Person in Charge (Signature) C(1.9) (1.9) Date: 11/25/19									
Inspector (Signature) MC EHS II OHS Date: 11/25/19.									