

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									
Office of Food Protection							of	Repe	at Ris	k Factor	/Intervention Viol			~~7	1.25	
417 Federal St., Dover, DE 19901											Score (optional)		mio out	1:10	
Establishment Kitchen Address Village Second								State	- A	D	E	Zip Code	630	elephone	175°	
A. Carrie	The same of	rmit#	1 1410	Permit Holder		P	urp	ose	of Ins	pection		Est. Type	4 2 4			
107	1983004/20:4/1/19 Zheng KU Zheng							Followy FE 1%					Risk Cate	2		
11 =			FOODBO	RNE ILLNESS RISK FAC	TOR	ls /	AN	D Pl	JBLI	C HEA	LTH INTERVE	NTIONS				
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item							The state of the s								
		ipliance Siance	OUT=not in complia	nce N/O=not observed N/A	=not a	pplic R	cabl		`omr	liance \$	S=corrected on-site	during inspec	ction	R=repeat vio	olation cos R	
	эшрі	nance c		rvision	111						Proper disposition	n of returned	l, previo	usly served.	0.000	
4 IN	OUT			sent, demonstrates knowledge,		Т		17 IN	1 OUT		reconditioned & u	insafe food				
1 IIV	001		and performs duties								Time/Temperatur	e Control fo	or Safet	у		
2 IN	OUT	N/A	Certified Food Protect							N/A N/O	Proper cooking ti					
			Employ	ee Health	4					N/A N/O	Proper reheating	Name and Address of the Owner, when the Owner, which		nolding		
3 IN	OUT			mployee and conditional employee	e;					N/A N/O	Proper cooling tin		7			
4 IN	OUT		knowledge, responsite Proper use of restrict			-			_	N/A N/O	Proper hot holdin Proper cold holdin	12				
	OUT			ion and exclusion ding to vomiting and diarrheal event	S			19753	photos .	N/A N/O	Proper date mark					
9				onic Practices	× 1	-				N/A N/O	Time as a Public H			ires & records		
U	OUT			, drinking, or tobacco use				1			And the second of the second of the second	er Advisory	-			
7 IN	OUT		No discharge from ey	res, nose, and mouth				25 IN	OUT	N/A	Consumer advisory			ercooked food	d l	
- 1				mination by Hands	-	_		2010			Highly Suscep	A THE RESIDENCE OF THE PARTY OF	Tre-			
8 IN	OUT	N/O	Hands clean & prope	rly washed	-		+	26 11	1 OUT		Pasteurized foods					
9 IN	OUT	N/A N/O		with RTE food or a pre-approved			Н	27 IN	I OUT		od/Color Additive				_	
10 IN	OUT		Adequate handwashing		_	+	1		(OUT		Food additives: a		The state of the s	-		
TOTAL	N OUT Adequate handwashing sinks properly supplied and accessible Approved Source					in	28 NOUT N/A Toxic substances properly identified, stored, & used Conformance with Approved Procedures									
11 IN	OUT		Food obtained from a	pproved source				29 IN	TUO	N/A	Compliance with va	ariance/specia	alized pro	cess/HACCP		
12 IN	OUT	N/A N/O	Food received at prop	Anti-on-representation of the second] "				drawn who was a serie to the series of the s		managione en l'existe			
13 IN	OUT		Food in good condition	n, safe, & unadulterated					Diek	Fantara			:	Fool on No.	-4	
14 IN	14 IN OUT N/A N/O		Required records available: shellstock tags,				Risk factors are important practices or procedures identified as the m prevalent contributing factors of foodborne illness or injury. Public hea									
-			parasite destruction	n Contamination		interventions are control measures to prevent foodborne illness or injury.										
4E IN	OUT	N/A N/O	Food separated and	MINISTER STATE OF STREET STATE STA	1	Т	1									
16 IN				s; cleaned & sanitized												
				GOOD	RET/	AIL	PR	ACT	CES			1 80				
			Good Retail Practic	es are preventative measures to con	trol the	e ad	ditio	n of pa	athoge	ens, chem	icals, and physical o	bjects into fo	ods.			
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																
			#0#1#VI	x = 1/2	cos	BR			_		Overse II	e of Utensi	lie.		cos R	
30	1	Tp4	Safe Food		_	_	-	43		I			IS			
31	1	5-20	rized eggs used where & ice from approved s	THE PARTY OF THE P	+	\vdash		44		C1 200	tensils: properly st equipment & linens		ared drie	ed & handled		
32		Water & ice from approved source Variance obtained for specialized processing methods		1		11	45		Name of Street or other	se/single-service ar	The state of the s	DOLLAR STREET	and the same of the	1		
		and the state of t		rature Control				46			used properly	p. sept at				
33		Proper	cooling methods used	l; adequate equipment for							Utensils, Equip	ment and V	ending			
		-	ature control					47			non-food contact s					
34			Plant food properly cooked for hot holding						DV.		designed, constru			20 AUG 47 A C C C C C C C C C C C C C C C C C C		
35 36		Approved thawing methods used					48	KV		shing facilities: instal		ed, & use	ed; test strips			
30	36 Thermometers provided & accurate Food Identification					-		40	OF	14011-100	d contact surfaces Physica	I Facilities	-		1-1-1	
37 Food properly labeled; original container								50	1	Hot & co	old water available		ressure			
		41 204 17	The state of the s	od Contamination		-		51	X		g installed; proper					
38	OK	Insects, rodents, & animals not present						52			& waste water pro		Call Inc			
39	Contamination prevented during food preparation, storage & display				У			53		Toilet fa	cilities: properly co	nstructed, s	upplied,	& cleaned		
40	Personal cleanliness			-			54		(C.D.)	& refuse properly						
41	Wiping cloths: properly used & stored Washing fruits & vegetables						55 56			facilities installed						
42		Ivvashir	g truits & vegetables	1		1	ı İ	30		Adequat	e ventilation & ligh	iung; design	ated are	as used		
Perso	n in C	Charge (Signature)	(9								Date:	+/3	119		
				UST ALL									14%	119		
Inspe	tor (Signatu	re) NCC-EX	1521-047				F	ollow	-up: /	YES NO (Circle	e one) Foll	ow-up	Date:		



	Inspection Report	Page of						
Commun 417 Fede	e Division of Public Health hity Environmental Health Services eral St, Dover DE 19901 License/Permit # N 9 6 2 009	Date 4/1/19						
Establishn	ment Kitchen Address Kitchen Village Spect Newart, DE 19713	(302/292-8889						
1112	OBSERVATIONS AND CORRECTIVE ACTIONS							
Item Number	The following items were corrected:							
27	3-501.16 P No food being prepared at +	his time						
23	3-501, M (PE) All procouked food is date,	markedin walker						
49	4-601, 11c Fryers are Clean:							
38	6-501,1120 No evidence of vermin on the							
38	6-202, 150 Dour sweep has been installs outer door, Please seal civili	ed on see exit						
	per recommendations							
	The following violations must be Go	creded by						
	hmorrow- 4/2/19:							
28	7-202,12 (PF) Raid and and road spread spread 3-bay sint, Only a cart	ay observed						
	control operator may apply protecides inside or outside the building. Please remove above can.							
	from the premises.							
31	5-265.15 (P) Faced fixthe and pipe at the handwark sint, Please	ene du connede						
	handwash sint	-						
	The restourant may reopen today A reinspection will be done tomorrow	-:4/2/19						
		,						
Person in 0	Charge (Signature)	Date 4/2/19						
Inspector (Signature) $\Lambda CC - EHSII - 647$	Date 4/2/19						