



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 1 of 1

<b>Delaware Division of Public Health</b> <b>Office of Food Protection</b> 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations		Date <u>3/19/19</u>	
		No. of Repeat Risk Factor/Intervention Violations <u>1</u>		Time In <u>145</u>	
Establishment <u>Old Town Bulet</u>		Address <u>12100 S Governors Av</u>		City/State <u>Dover, DE</u>	
License/Permit # <u>K006598</u>		Permit Holder <u>Old Town Bulet C.</u>		Zip Code <u>19904</u>	
Purpose of Inspection <u>Complaint</u>		Est. Type <u>F.E.</u>		Telephone <u>736-1168</u>	
Risk Category <u>Med</u>					

### FOODBORNE ILLNESS 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  
 IN= in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable **COS**=corrected on-site during inspection **R**=repeat violation

Compliance Status		COS		R	
<b>Supervision</b>					
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A	Certified Food Protection Manager			
<b>Employee Health</b>					
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN OUT	Proper use of restriction and exclusion			
5	IN OUT	Procedures for responding to vomiting and diarrheal events			
<b>Good Hygienic Practices</b>					
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			
7	IN OUT N/O	No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>					
8	IN OUT N/O	Hands clean & properly washed			
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	IN OUT	Adequate handwashing sinks properly supplied and accessible			
<b>Approved Source</b>					
11	IN OUT	Food obtained from approved source			
12	IN OUT N/A N/O	Food received at proper temperature			
13	IN OUT	Food in good condition, safe, & unadulterated			
14	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>					
15	IN OUT N/A N/O	Food separated and protected			
16	IN OUT N/A	Food-contact surfaces; cleaned & sanitized			

Compliance Status		COS		R	
<b>Time/Temperature Control for Safety</b>					
17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food			
<b>Consumer Advisory</b>					
25	IN OUT N/A	Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>					
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>					
27	IN OUT N/A	Food additives: approved & properly used			
28	IN OUT N/A	Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>					
29	IN OUT N/A	Compliance with variance/specialized process/HACCP			

**Risks factors** are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

### GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in the box if numbered is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

Compliance Status		COS		R	
<b>Safe Food and Water</b>					
30		Pasteurized eggs used where required			
31		Water & ice from approved source			
32		Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>					
33		Proper cooling methods used; adequate equipment for temperature control			
34		Plant food properly cooked for hot holding			
35		Approved thawing methods used			
36		Thermometers provided & accurate			
<b>Food Identification</b>					
37		Food properly labeled; original container			
<b>Prevention of Food Contamination</b>					
38	X	Insects, rodents, & animals not present		X	
39		Contamination prevented during food preparation, storage & display			
40		Personal cleanliness			
41		Wiping cloths: properly used & stored			
42		Washing fruit & vegetables			
<b>Proper Use of Utensils</b>					
43		In-use utensils: properly stored			
44		Utensils, equipment & linens: properly stored, dried, & handled			
45		Single-use/single-service articles: properly stored & used			
46		Gloves used properly			
<b>Utensils, Equipment and Vending</b>					
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48		Warewashing facilities: installed, maintained, & used; test strips			
49		Non-food contact surfaces clean			
<b>Physical Facilities</b>					
50		Hot & cold water available; adequate pressure			
51		Plumbing installed; proper backflow devices			
52		Sewage & waste water properly disposed			
53		Toilet facilities: properly constructed, supplied, & cleaned			
54		Garbage & refuse properly disposed; facilities maintained			
55		Physical facilities installed, maintained, & clean			
56		Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature) \_\_\_\_\_ Date: 3/19/19

Inspector (Signature) HPC #007 EHSI #008 Follow-up: YES NO Follow-up Date: TBD



**Inspection Report**

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Delaware Division of Public Health  
Health Systems Protection  
417 Federal St., Dover, DE 19901

License/Permit # K066878

Date 3/19/19

Establishment Old Town Buffet

Address 16505 Governors Ave

City/State Dover, DE

Zip Code 19904

Telephone 736-1148

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	
	Complaint
	on March 18, 2019 our office received a complaint about an incident that took place on [redacted] the complaint is as follows:
	ING-20190318-002257
	" [redacted] saw a roach in the hall by the restrooms. manager came out and killed it. Also spotted one 4 years ago." <span style="float: right;">ALIVE</span>
	* During Inspection we observed numerous Roaches Both * Dead -observed over five Live Roaches in wood going into storage room. Behind Ice machine
	* observed ① on wall * observed ① on Package * observed numerous Dead Roaches in through out Storage areas
	* This is a valid Complaint for Roach's
	+ Establishment was given an opportunity to manage Pest During last Routine Inspection (11 Feb 2019). Last inspection ① Live Roach was observed in same area in storage Room. Now more than ⑤ were observed.
	* Establish is being closed due to roach infestation and extremely gross unsanitary conditions
38	(6-501.11) observed Adult roaches in the establishment (Kitchen Area) in wood & in storage area.
8 <sup>re</sup>	(8-404.11) Ceasing operations due to imminent health hazard.

Person in Charge (Signature)

Date: 19 Mar 19

Inspector (Signature) HPC#007; EHS#008

Date: 19 Mar 19



Violations noted 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 3 of 4

Delaware Division of Public Health
Office of Food Protection
417 Federal St., Dover, DE 19901

License/Permit # 1C064898

Date 3/19/19

Establishment Old Town Buffet

Address 1150 S. Governors Ave

City/State Dover, DE

Zip Code 19904

Telephone 750-1168

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. All cells are crossed out with a diagonal line.

OBSERVATION AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below or as stated in Section 8-405.11 of the Food Code

Table with 2 columns: Item Number, Observations. Contains handwritten notes about pest management, cleaning, and corrective actions.

Storage rooms - Kitchen

(Pest Management)

Person In Charge (Signature)

Date: 3/19/19

Inspector (Signature) HPC #007

EHS II #008

Date: 3/19/19



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## Food Establishment Inspection Report

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Delaware Division of Public Health  
Office of Food Protection  
417 Federal St., Dover, DE 19901

License/Permit # 1K066898

Date 3/17/19

Establishment Old Town Buffet

Address 1150 S. Governors Ave

City/State Dover, DE

Zip Code 19904

Telephone 750-1168

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
/		/		/	
/		/		/	
/		/		/	
/		/		/	

### OBSERVATION AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below or as stated in Section 8-405.11 of the Food Code

Item Number	Description
*	<del>All Live</del> There will Be No Live or Dead roach's present During reopening inspection.
*	When you are ready for an reopening inspection Please Call (302) 744-1220.
*	You are being assessed a <sup>fine</sup> \$100.00 for a repeat violation observed from your last routine inspection on 11 Feb/19
*	PIC was given an opportunity to manage Pest Problem Prior to this point
*	Repair Bain Marie unit is Draining into Bowl under unit
*	Clean wall under ware wash machine (mold & calcium buildup)
*	Closure signs were posted at both rear & Front Door.
*	Any future Repeat Violations will result in a \$150.00 reinspection fee/fine.

Person in Charge (Signature)

Date: 19 Mar 19

Inspector (Signature) HPC #001, EHS II #008

Date: 19 Mar 19



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# Food Establishment Inspection Report

Page 1 of 1

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations	0	Date	3/20/17
		No. of Repeat Risk Factor/Intervention Violations	1	Time In	1:30
		Score (optional)	0	Time Out	2:35
Establishment	Address	City/State	Zip Code	Telephone	
Old Town Buffet	1646 S Governors Ave	Dover, DE	19904	302-1168	
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category	
K0466898	Old Town Buffet	Reg. Inspection/Follow up	P.E.	MCD	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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Compliance Status		COS	R
<b>Supervision</b>			
1	IN OUT		
Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A		
Certified Food Protection Manager			
<b>Employee Health</b>			
3	IN OUT		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN OUT		
Proper use of restriction and exclusion			
5	IN OUT		
Procedures for responding to vomiting and diarrheal events			
<b>Good Hygienic Practices</b>			
6	IN OUT N/O		
Proper eating, tasting, drinking, or tobacco use			
7	IN OUT N/O		
No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
8	IN OUT N/O		
Hands clean & properly washed			
9	IN OUT N/A N/O		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	IN OUT		
Adequate handwashing sinks properly supplied and accessible			
<b>Approved Source</b>			
11	IN OUT		
Food obtained from approved source			
12	IN OUT N/A N/O		
Food received at proper temperature			
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Required records available: shellstock tags, parasite destruction			
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15	IN OUT N/A N/O		
Food separated and protected			
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Food-contact surfaces; cleaned & sanitized			

  

Compliance Status		COS	R
<b>Time/Temperature Control for Safety</b>			
17	IN OUT		
Proper disposition of returned, previously served, reconditioned & unsafe food			
18	IN OUT N/A N/O		
Proper cooking time & temperature			
19	IN OUT N/A N/O		
Proper reheating procedures for hot holding			
20	IN OUT N/A N/O		
Proper cooling time and temperature			
21	IN OUT N/A N/O		
Proper hot holding temperature			
22	IN OUT N/A N/O		
Proper cold holding temperature			
23	IN OUT N/A N/O		
Proper date marking and disposition			
24	IN OUT N/A N/O		
Time as a Public Health Control; procedures & records			
<b>Consumer Advisory</b>			
25	IN OUT N/A		
Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>			
26	IN OUT N/A		
Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>			
27	IN OUT N/A		
Food additives; approved & properly used			
28	IN OUT N/A		
Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>			
29	IN OUT N/A		
Compliance with variance/specialized process/HACCP			

  

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Utensils, equipment & linens: properly stored, dried, & handled			
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Non-food contact surfaces clean			
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Plumbing installed; proper backflow devices			
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Sewage & waste water properly disposed			
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Toilet facilities: properly constructed, supplied, & cleaned			
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Garbage & refuse properly disposed; facilities maintained			
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Physical facilities installed, maintained, & clean			
56			
Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature)

Date: 3/20/17

Inspector (Signature)

HPC #007 EHS II #008

Follow-up: YES NO

Follow-up Date: TBD



### Inspection Report

Page \_\_\_\_\_ of \_\_\_\_\_

Delaware Division of Public Health  
Health Systems Protection  
417 Federal St., Dover, DE 19901

License/Permit # K066898

Date 20 Mar 19

Establishment Old Town Buffet

Address 1646 S. Governor

City/State Dover DE

Zip Code 19904

Telephone 130-1168

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	
	Today we conducted a follow up / Reopening inspection of establishment: Old Town Buffet
*	During inspection we observed food Prep stations with food debris still under tables & equipment
*	Observed Runch in kitchen area moving toward Grill area
*	Observed food still in Bain Marie: Establishment admitted to cooking <del>for</del> meals for staff, today.
*	Observed Grease Buildup / Grease forming Drop lets on side of frier under oven
*	Observed Clutter still in Backroom: Please remove items that have nothing to do with your food establishment
*	* Bikes * Fishing Rods - etc
*	Please have Pest management treat establishment and not just spot treatment in storage area.
*	After talking to Pest Management Company (PIC) who informed me that he was only able to treat storage area / Ice machine. That he was unable to treat rest of kitchen due to staff cleaning. PIC stated he will not be able to treat rest of kitchen until later today
*	Please call after remaining half of kitchen has been treated for Roaches and when cleaned & sanitized
Person in Charge (Signature)	<u>[Signature]</u>
Date:	<u>20 Mar 19</u>
Inspector (Signature)	<u>HPC # 003 EHS # 009</u>
Date:	<u>20 Mar 19</u>

