



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 Ris	sk Facto	r/Intervention Viola	ations		Date	1///8/	19
Office of Food Protection							1	No. of Repeat Risk Factor/Intervention Violations Time In										
41	7 F	ede	ral St.,	Dover, DE 19901			\perp	-					Score (or		7.1		t 32:46	2
										State			Z	Prode		Telepho		1=
				0	3629 Silverside	Pol						2.DE		1	/		18-237	
Lic	License/Permit # Permit Holder								Purpose of Inspection Est. Type Risk C					Category	y			
	_	- 7	MITI		RNE ILLNESS RIS	K FACT	or.	SA				C HEA	LTH INTERVEN	TIONS		127	1.2	
	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																	
l ıı	IN=in compliance OUT=not in compliance N/O=not observed N/A=not ap										***							
_			liance S				cos	_	П		omp	liance S						B R
1		- 85		Super	rvision					17 IN	OUT		Proper disposition	of returned	previ	ously se	rved,	
1	IN C	TUC		Person in charge pres	sent, demonstrates know	/ledge,			Ц	.,	. 001		reconditioned & un					
				and performs duties						1			Time/Temperature					-
2	2 IN OUT N/A Certified Food Protection Manager											N/A N/O	Proper cooking tim					
				1	ee Health			-	27			N/A N/O	Proper reheating p					
3	IN C	TUC			nployee and conditional	employee;						N/A N/O	Proper cooling time			9	THE STATE OF	-
4	IN (TIIC		Report upo of restrict					H			N/A N/O	Proper hot holding Proper cold holding					+
_	IN C			Proper use of restricti	ding to vomiting and diarrh	and events			ŀ			N/A N/O	Proper date marking					+
5				AND DESCRIPTION OF THE PERSON	nic Practices	ieai events	-		H		_	N/A N/O	Time as a Public Hea				cords	\vdash
6	in c	DUT	N/O		drinking, or tobacco us	e			-				Consume		proced	uies die	colds	
_	IN C	TUC	N/O	No discharge from ey			-			25 IN	OUT	N/A	Consumer advisory p	provided for	raw/und	dercooke	d food	
		8,			mination by Hands	-		\					Highly Suscepti	ble Popula	tions		10 T	
8	IN C	TUC	N/O	Hands clean & proper	rly washed,					26 IN	OUT	N/A	Pasteurized foods us	sed; prohibi	ted foo	ds not of	fered	
9	IN C) I I I	N/A N/O	No bare hand contact	with RTE food or a pre-	approved	1						d/Color Additives	and Toxic	Subst	ances	tol 18.	
			1477 11470	alternative procedure	properly allowed						OUT		Food additives: app	proved & pr	operly	used	4)	
10	IN C	TUC			sinks properly supplied and	accessible				28 IN	1 OUT		Toxic substances pr				used	
	la t				od Source	A				a o lu			onformance with A					-
1		TUC	NIZA NIZO	Food obtained from a		-	1		4	29 11	OUT	N/A	Compliance with vari	iance/specia	lized p	rocess/H/	ACCP	-
		DUT	N/A N/O	Food received at prop			1			1								7
					n, safe, & unadulterated ilable: shellstock tags,	+	/	-	-		Risk f	actors ar	e important practices	or procedure	es ident	tified as t	he most	
14	IN C	UTI	N/A N/O	parasite destruction	illable, shellstock tags,	_	6				•		buting factors of food		-			
					n Contamination		1				Interv	entions ar	re control measures to	prevent too	uporne	inness o	r injury.	
15	IN C	UTI	N/A N/O	Food separated and p	protected			-	7	_								-
		UTI		Food-contact surface	s; cleaned & sanitized	· ·		1										
			-	Name of the last		GOOD R	ETA	IL-	PR	ACT	CES		7 7			7 U 3		
				Good Retail Practic	es are preventative measu	res lo contro	l the	add	litio	n of pa	athoge	ns, chem	icals, and physical obj	jects into foc	ds.			
Mar	k "X	in b	oox if num	bered item is not in com	pliance Mark "X" in	appropriate			COS	S and/	or R	CO	S=corrected on-site di	uring inspec	tion	R=rep	eat violatio	
							cos	R		_			Proper Use	- £114 21			CO	S R
2	0		In .		I and Water			_	H	43	_				S			T
_	1		Christian III Co.	rized eggs used where		-	-	-	1	44		VI. 10 10 10 10 10 10 10 10 10 10 10 10 10	tensils: properly sto	Contract Con	COSTAN FAMI	- d 0 b		+
_	2			& ice from approved se		_ \				46			equipment & linens: se/single-service artic					
,			Ivariano		ized processing methods rature Control				1	46	1	The same of the sa	se/single-service artic used properly	ies, properi	y store	u o usec		
			Proper		; adequate equipment fo	or	1					0,0403	Utensils, Equipm	ent and V	endino	1		
3	3			ature control	, saudanio odalpiliolit ic		1			47	T	Food & I	non-food contact su					
3	4			ood properly cooked fo	r hot holding		1			47			designed, construc					
3	5		10:	ed thawing methods u			1			48		Warewas	shing facilities: installe	d, maintaine	d, & us	sed; test :	strips	
3	6		100000000000000000000000000000000000000	ometers provided & ac			1	-		49		Non-foo	d contact surfaces o			20 7 FEET WORLD	CONT.	
			421	Food Ide	ntification						11		Physical	Facilities				176.1
3	7		Food p	roperly labeled; origina	container			1		50			old water available; a			е		
	1		7	Prevention of Fo	od Contamination	1	- 11	1	ļ	51			g installed; proper b					
	8			, rodents, & animals n				-		52			& waste water prop					-
	9		1000		g food preparation, storag	e & display				53 54			cilities: properly con		A PROPERTY OF THE PARTY OF THE			
4			_	al cleanliness	O stand				1	55		Service and the service and th	& refuse properly of	and the second second second			ned	
_	2			cloths: properly used						56			facilities installed, r				d	
	42 Washing fruits & vegetables 56 Adequate ventilation & lighting; designated areas used Person in Charge (Signature) Date: ///8//4																	
								E	Follow-up: YES NO (Circle one) Follow-up Date:									
,113	500		-igi iaidi	A MOS CHOIL	A35						JIIOW	Sp.	5 1.15 1011 1016	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- α ρ	2000.		

Delaware Division of Public Health Health Systems Protection 47 Federal St., Dover, DE 19001 Registerine St. De 19001	Inspection Report Page 2 of 2											
Mary Garden (36.3) Substant Hall Multimater (1987) Beamson in Change (Sametree) and Substant of Mary Substant (1987) Beamson in Change (Sametree) and Mary Substant (1987) Beamson in Change (1987	Health Sy	ystems Protect	ion				License/Permit #					
BEST AND CORRECTIVE ACTIONS Number B-30-11 PD Royal Garter must be a penation due to operating without a permit. New awards poor once months, susan Asian trittless Like, new windship. No permit. New years must complete the Change of wareship application to Programme and approved, an inspection will be solvedule to obtain a permit.	Establishn	nent 64 de c			Charid.	RI	City/State	N	Zip Code	Telephone		
Resont Chance (Streeture) Leffers Chance Streeture Stree	1	CHYMUZ		5021	OBSERVA	TIONS A	ND CORRECTIVE AC	CTIONS	1 11 000	Day 114 0000		
New year must complete the Change of revercing application for Review and approved. Jane approved, an inspection will be shoulded to Ostan a print.												
New year must complete the Change of revercing application for Review and approved. Jane approved, an inspection will be shoulded to Ostan a print.		8-301.11	PD P	loyal	Garden	must	Coase Operal	tim due to	Operation	is without		
New owner must complete the Change of awarches application for Review and approved, an inspection will be schooled to obtain a permit.			a	permit.	New	CUMINS	be for one	month,	Susan	Asian Kitchen		
School to Option a Quant. Shool to Determ to Option a Quant. Person in Charge (Signature) and the Ch			Lle;	vem ()	which p	. No	pormit.					
School to Option a Quant. Shool to Determ to Option a Quant. Person in Charge (Signature) and the Ch		New year must complete the Change of monorship application										
School to Option a Quant. Shool to Determ to Option a Quant. Person in Charge (Signature) and the Ch			for	Review	and a	ppour	l. Done app	enved, an	inspertion	uril be		
			Schole	Old to	aptan	a pe	cont.					
				(
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	Person in (Charge (Signature)	104	M_					Date	18/18		
mapaged (eighteen)		,	20	021					Date: /// 8	119		