



DELAWARE HEALTH AND SOCIAL SERVICES Division of Public Health

MRO /2/0

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).

	53				/NO	113/1	1				days for core ite	ine (5 400/11)		_b
			Fo	od E	stablish	ment	: In	S	pe	ction I	Report		Page	of <u>C</u>
Dela	ware	Divisi	on of Public Hea								tor/Intervention Vio	lations	Date 8-	214
Offic	ce of F	ood l	Protection				No.	of F	Repe	at Risk Facto	or/Intervention Viol	ations	Time in	130
417	Feder	ąl St.,	Dover, DE 19901	1		~					Score (c	optional)	Time Out	0:00
5	WW	5 (nahahus	445 GV	8 lowes	Seo	С	ity/	State	ouro		79958	205	5662
Licen	e Ret	が代し	401	Pognit Hol	der of M	mino	P	417	ose,	of Ipepection	m M	Est. Type	100	atedory
Dalling.	HOUSE COME	10	FOODBO	JUDIU	NECC DICK	FACTO	301	YC	DID	HOLIE HE	ALTHINTERVE	NITIONS	CALL STREET, SALES	cululi
	BARRELING			CONTRACTOR STREET	NESS KISK	FACTO	731	English		OBLIC HE			ALE SERVICE	STATE STATE
1600		Paragraph .	nated compliance status	-						-	Contract to the Contract to th	opropriate box for	- Committee of the	of some
*****	in comp omplia		OUT=not in compliar	nce (N/C	=hdt observed	N/A=not	applic os R				OS=corrected on-site	during inspection	R≖repeat	cos R
	опірна	ince 3	CANADA CONTRACTOR AND	rvision			SE IN	ł		Compliance	Proper disposition	of returned pre	evicusly serve	
	HEROTERS	octor finite					20000	۹ ۱	17	N OUT	reconditioned & u		sticulary Scive	~',
1 IN	DUT		Person in charge pres	sent, demor	istrates knowe	age,		Н	10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Time/Temperatur		afety	
2 IN	OUT	44	and performs duties Certified Food Protect	tion Manage	ne:		+	11	18	N OUT N/A N/	STREET, SQUARE, SQUARE	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, whic	THE RESERVE OF THE PERSON NAMED IN	
FEATBOIL	ALBOYSE.	HIA. SO	The second secon	ee Health		Section 2017	IL PARK	d I		N OUT N/A N/	Lipher apprint		CONTRACT CONTRACTOR	
STATE OF THE PARTY.	NEWSTREET, CO.		Company of the Compan	ALTERNATION AND ADDRESS OF THE PARTY NAMED IN		THE REAL PROPERTY.	EN PROPERTY.	1	11000	N OUT N/A N/	i i op at tallaming			
3 IN	OUT		Management, food er knowledge, responsit			npioyee;			_	N OUT N/A N/	i roper booming the		-	
4 IN	OUT		Proper use of restrict		The state of the s		_	11	_	N OUT N/A N/	The state of the s		i v	\neg
	OUT		Procedures for respen			al evente	-	11	-	N OUT N/A N/	Troport obla moran			
TO ALL	SE SING	100	Good Hygre			a) events	5	d i		N OUT N/A N/				ords
6 IN	OUT	N/O	Proper eating, tasting				7	1	NAME OF THE OWNER, OWNE	750 XXX		er Advisory		
	OUT	N/O	No discharge from ey					11	25	N OUT N/A	Consumer advisory		fundercooked f	ood
100 miles	5 Jul 11		Preventing Conta			(VI) E (VI)	Silli	1	Din.	MESSALL ST		tible Populatio	THE RESERVE OF THE PERSON NAMED IN	
8 IN	OUT	N/O	Hands clean & prope	rly washed	V11		T	7 1	26	N OUT N/A	Pasteurized foods	used; prohibited	foods not offer	red
-		,	No bare hand contact			Doved		11		STORE F	ood/Color Additive			Company of
	OUT N	A N/O	alternative procedure			7	1		27	N OUT N/A	Food additives: a	pproved & prop	erly used	
10 IN	OUT		Adequate handwashing	- Income and the		cessible		11	28	N OUT N/A	Toxic substances		STATE OF THE PARTY	ed
	190 191	100 61 3		ed Source	A NEW COLD	1)	M	NO.		Conformance with			
11 IN	OUT		Food obtained from a	approved so	urce		1	4/	29	N OUT N/A	Compliance with v	ariance/specialize	d process/I-IAC	CP
12 IN	OUT N	A N/O	Food received at proj	per tempera	ture			1					- 10	
13 IN	OUT		Food in good condition	on, safe, & u	inadulterated		1							
14 10	OUT N	A N/O	Required records ava	ailable: shell	stock tags,			1			are important practice ntributing factors of foc			
0.014			parasite destruction	gei							are control measures			
			Protection from		ration	Marie D. V.			L	_				
	OUTN		Food separated and		.t	Jan B	1000	No.		/				
16 IN	OUT N	/A	Food-contact surface	es; cleaned				1.				. //		
07		1833				SOOD RE	TAIL	PR	AC	TICES \		SOME STATE		
1987) evenous sa				77.7	entative measure	s to control t	he ad	Iditio	n of	NO. 1995	emicals, and physical o			1.0000000000000000000000000000000000000
Mark	"X" in bo	x if num	bered item is not in con	npliance	Mark "X" in a	-			San	d/or R (COS=Corrected on-site	during inspection	R=repea	t violation
2000					S-H-Albertan	C	OS R		to other	S UNASC SA	1	as afiltancita	Walk State of China	COS R
	TO MUSE OF			d and Wate	r e e		1980		40	ALL PASSAGE IN		se of Utensils	Control of the	Atturb For Man
30			rized eggs used where				-	-	43		e utensils: properly s		r nastar karena	#G-14
32			& ice from approved s		Catholic Colores		+		44		ils, equipment & line			alea
32		variano	ce obtained for specia	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Quitage united on	K0+00		46	- Omigns	e-use/single-service a	runges: properly s	tored & used	\rightarrow
3260	NAME AND ADDRESS OF	Dece	Food Tempe			KOIG STA	No.		40	Glove	es used properly	pment and Ven	ding as a second	CONTRACTOR OF
33			cooling methods used	u, adequate	equipment for				1000			-		MAN A TIBELLE
34			ature control ood properly cooked fo	or bot but str.			12 1	1	47		& non-food contact erly designed, constr	The second secon	uie,	
35		VI. 1			-		6.7		48		eny designed, constr washing facilitles: insta			100
36			ed thawing methods to cometers provided & ac		A.s.		+	9	49	- veno	washing facilities: insta food contact surface		& ased; test sti	ips
2345	10 4505	J. Het III			10 10 (A)	Maria Salata	22005	8	SHA	TINON-1	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN	al Facilities	EUR NIVE	AH RESEW
37	NAME OF TAXABLE PARTY.	Food a	roperly labeled; origin	entification			The same of		50	Lunto	cold water available		cura	
ALESS	SE SUR	oud p	Prevention of Fo			Contraction of the			51	1,194.9	cold water available bing installed; prope			
38	Al Silvery Silvery	Insecto	rodents, & animals r		mercanical to		1	9	52	1 10111	ige & waste water pr			
39		in commercial	ination prevented during		aration eterace	& dienless	-		53	1	ge & waste water pr facilities: properly c		alied & clean	/ be
40			al cleanliness	M loon bish	aranon, storage	or unspirity	+		54	Tonci	age & refuse properly c			No.
41		Wall A Children	cloths: properly used	& stored			1	1	55		ical facilities installed			-
42			ng fruits & vegetables	- Stoled	= = '-				56		uate ventilation & lig			
			44	7				- 3		1 17.5500	and the second second	~	77 1/	21
Pers	on in Cl	narge ((Signature)	1	4							Date: 8	11-10	1 .
			COSTI	K	1 11	ZACA						-	400	Andrew of
Inche	ector (S	ionatu	100	11	1 1	1/10/				Follow up	NO IC	do anal Follow	Aun Date	

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

What at Bays de Outl

Inspection Report

	Unit at Days de Outus
	Inspection Report Page of of
lealth Sy 17 Fede	Division of Public Health vistems Protection ral St., Dover, DE 19901 License/Permit # 5 14 (4497) Date 8-27-19
	11 3 (10)1000 03440 (0000 800 m) 12000 17130 205 300
Item	OBSERVATIONS AND CORRECTIVE ACTIONS
Number	
	Facility was closed 8/21/19 due to no
V	percularity of hand washing due to
	sermet holder removered handsink without
	sermasium to du 80.
	Note-facility is being moved from low to
	medium visic due to non-comphance
	A to come Combined
	A \$50.00 reinspection tea has been assessed
. 45	Observed hand sixtento be operational
	with both but and doll water available
	for hand washing.
-	This society has been in pricted and the
	Division of Public Health authorizes This
	facility to reopen as a took establishmen
-	
rson in C	Charge (Signature) Date: 8-22-19
pector (S	Signature) SC FHSM 1#249