

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).

			Fo	ood Establishmer	ıt	ln:	spo	ec	ction F	Report		Р	age	of	2	
Del	aw	are Divis	ion of Public Hea	lth		No. of Risk Factor/Intervention Violations Date										
Office of Food Protection								No. of Repeat Risk Factor/Intervention Violations								
417 Federal St., Dover, DE 19901 & 40 Chapman Pol Score (optional) W/ Time Out 10 30												30				
- Land High		shment	e e 11 1.	Address		Cit	y/Sta		1.	1 1/2	Zip Code	31	Telephor	ne -	a	
Street, Square, or other Designation of the last of th	Sonesta FS Suites Wilmingh-Newert								leur-		1970		100/4		701	
License/Permit # Permit Holder A 2027AU New Cambarder TRS Lac									f Inspection		Est. Type		Risk	Catego	ry	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS										ri .						
	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 a								The Park Inc.								
Compliance Status								Co	ompliance		during mape	ouon.	it repe		OS R	
				rvision			17		OUT	Proper disposition	n of returne	d, prev	iously serv	√ed,		
1	N O	LIT	Person in charge pres	sent, demonstrates knowledge,			1''	114	001	reconditioned & u	ınsafe food					
' '	114 0	01	and performs duties							Time/Temperatur	e Control	for Sal	ety			
2 1	2 IN OUT N/A Certified Food Protection Manager								OUT N/A N/O		me & tempe	erature	5			
-			Employ	ee Health				_	OUT N/A N/O	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	procedures	for ho	t holding			
3 1	IN O	UT	Management, food er	nployee and conditional employee;					OUT N/A N/O	1 Topal ocolling til		_	'e			
			knowledge, responsib						OUT N/A N/O	The second second						
-	N O		Proper use of restrict					-	OUT N/A N/O	The state of the s	The second name of the second	-				
5	N O	UT		ding to vomiting and diarrhéal events				-	OUT N/A N/C	Troper delle illett					_	
	N O	LIT N/O		nic Practices			24	IIN	OUT N/A N/O	Titlite 25 at 1 done 1			dures & rec	ords		
0	IN O			drinking, or tobacco use			25	INL	OUT N/A	Consumer advisory	er Advisor	-	ndaraaakad	food	-	
7	IN C	101 10/0	No discharge from ey	res, nose, and mouth	-		25	IIIA	OUTNA	Highly Suscep				1000	_	
8 1	N O	UT N/O	The contract of the contract o		6	-	26	INI	OUT N/A		POSSIBLE PROPERTY AND ADDRESS OF THE PARTY AND	area de la companya del companya de la companya del companya de la		CONTRACT CONTRACT		
			Hands clean & proper	1	de		20	III		Pasteurized foods od/Color Additive				ered		
9	N O	UT N/A N/O	No bare hand contact alternative procedure	t with RTE food or a pre-approved	18		27	IN	OUT N/A	Food additives: a						
10	N O	UT		sinks properly supplied and accessible				_	OUT N/A	Toxic substances		Acres de la companya della companya		sed		
	14			ed Source						Conformance with				000		
11	N O	UT	Food obtained from a	pproved source			29	IN	OUT N/A	Compliance with ve	ariance/spec	ialized	process/HA	CCP		
12	N O	UT N/A N/O	Food received at prop				-			15500 15500						
13	N O	UT		on, safe, & unadulterated												
		UT N/A N/O	Required records ava	ilable: shellstock tags,						are important practice tributing factors of foo						
14	IIV C	OT N/A N/O	parasite destruction	· V						are control measures						
			Protection from	n Contamination												
15	N O	UT N/A N/O	Food separated and	protected												
16	N O	UT N/A	Food-contact surface	s; cleaned & sanitized												
				GOOD RE	ETA	UL P	RAC	TIC	CES					1174		
				es are preventative measures to contro				-			-					
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																
	_			I COMPANY OF THE PARTY OF THE P	COS	R				Deaner He	se of Utens	ile		100	QB R	
30		In 4		I and Water			4	3	Vienne			113				
31	_	CONTRACTOR OF THE PARTY OF	rized eggs used where	- 555 (6)		_	4	_		utensils: properly st s, equipment & linens		tored -	trind 0 ho-	adlad		
32	_		& ice from approved s	ource lized processing methods			4	_		s, equipment & linen: use/single-service ar						
02	-1	Ivanan	The second secon	rature Control				6		use/single-service ar s used properly	ricies. prope	ity stor	ed & used			
	T	Proper		f; adequate equipment for					Gioves	Utensils, Equip	ment and	Vendir	id		+	
33	3		rature control	i, adequate equipilient loi					Food 8	non-food contact s				- 1		
34			ood properly cooked fo	or hot holding			4	7		y designed, constru			'1			
35	_		ed thawing methods u	The state of the s			4	8	The same of the same of	ashing facilities: insta	- Total	- UU	sed; test st	rips		
36	3		ometers provided & ac				4	9	700000	od contact surfaces	- Marine Parker					
	Food Identification									l Facilities			-			
37	7	Food p	roperly labeled; origina	al container			5	0	Hot & d	old water available	adequate	pressu	re			
		The second	CONTRACTOR OF THE PARTY OF THE	od Contamination			5	1		ng installed; proper						
38	3	Insects	s, rodents, & animals n	ot present			5	_	Sewag	e & waste water pro	perly dispo	sed				
39	_	Contamination prevented during food preparation, storage & display				5	_	Toilet f	acilities: properly co	nstructed,	supplie	d, & clean	ed			
40	_	Personal cleanliness				5-	_	Garbag	je & refuse properly	disposed;	facilitie	s maintain	ed			
41	\rightarrow	Wiping	cloths: properly used	& stored			5	_		al facilities installed						
42	2	Washir	ng fruits & vegetables				5	6	Adequ	ate ventilation & ligh	iting; desig	nated a	areas used			
Pers	son	in Charge	(Signature)	1 Smite	-						Date:	21	6/20			
Limitali	-									~		-	5/11	20		
Insp	ect	or (Signatu	re) ARY-E	1157-097				Fo	llow-up:	YES NO (Circl	e one) Fo	llow-u	p Date:	77		



Inspection Report	of
Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901 246 Chapman Rd. Date ©	2/.6/20
Establishment Society Viloniago New City/State Nave + DE 19702	Jephone 1 453 900
OBSERVATIONS AND CORRECTIVE ACTIONS	3007
Item Number	
The following nust be corrected in 30 days.	
	rigerester
- Hot at the find rinse and 1608	sheeste
- He pluse.	
1 Obtain quakenery ammonia sanskize.	/ast
payous to check sanitize consendration	at the
3- hay sint. 200 ppm graterory on	monse to
be used.	
Please use the 3- bay sint for wishing oin	ing and
Suntzing equipment.	1
Health Dept Conducted a Change of Ounce	serves
as your interim food ostablishment permit	to
operate and it expires on 3/3/20, You will	11 60
invoiced a permit fee, failure to pay	The 100
pecned de may jesult in clusure,	
A justice inspection will be done 3/6/2	0
· · · · · · · · · · · · · · · · · · ·	
1 0	
Person in Charge (Signature) Date: 5/6/-	20
Inspector (Signature) NCC - EHSA - 047 Date: 2/6/-	20