Violations cited in the 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	Establishmer	nt Insne	ection Report					Page 1 of 4
Delawar	e Division of F		LStabilSillici		•		1-4!	6		10/24/2019
Office of Food Protection 417 Federal St., Dover, DE 19901 Establishment Address				No. of Risk Factor/Intervention Violations			0	Time	In 1:45 PM	
			-	No. of Repeat Risk Factor/In					Out 3:00 PM	
				City/State	Score (op			Telep		
LStabilSilli	ileiit	Addres	,5		City/State	2.00	Joue		reieb	none
Sunoco Food Mart				New Castle, DE	1972				28-4042	
License/Pe	ermit #	Permit	Holder		Purpose of Inspection	EST.	Туре		K	isk Category
N001083			Food Mart		Routine		nanent		Lo	ow
	FOO	DBORNE ILLNESS	RISK FACTORS AN	ID PUBLIC	HEALTH INTERVENTIONS/GO	OOD RETAIL	PRACT	ΓICES		
				Super	vision					
Omplian 01	ice Status IN	Per	rson in charge present of	demonstrates	s knowledge, and perform duties			cos		R
02	OUT	1 01			tion Manager					
				Employe	ee Health					
Complian 03	ice Status IN	Management fo	and employee and condi-	tional employ	ree; knowledge, responsibilities and	reporting	+	cos	$\rightarrow$	R
03	IN	wianayement, ic	Proper use	e of restriction	n and exclusion	reporting	$\pm$			
05	IN				niting and diarrheal events					
Committee	oo Status			Good Hygie	nic Practices			000	1	
Complian 06	nce Status N/O		Proper eating	tasting, drink	king or tobacco use		+	cos		R
07	N/O				nose, and mouth					
			Preve	enting Contai	mination by Hands					
Complian 08	nce Status N/O		Hands	clean & prop	erly washed			cos		R
09	N/O	No bare hand			oved alternative procedure properly	allowed				
10	IN		Adequate handwashing	g sinks prope	erly supplied and accessible					
Complian	an Status			Approve	d Source			cos		R
11	ice Status IN		Food obta	ained from ap	proved source			CUS		K
12	N/O		Food rece	eived at prope	er temperature					
13 14	IN N/A		Food in good	condition, sat	fe, & unadulterated ck tags, parasite destruction					
14	IN/A		rrequired records availa	able. Shelisto	ck tags, parasite destruction					
			Pro	tection from	1 Contamination					
Complian	ice Status							cos		R
15 16	IN OUT			separated and	d protected eaned & sanitized					
17	IN	Prope			erved, reconditioned & unsafe food					
		•		, <b>,</b> , , , ,						
			Time/	Temperature	Control for Safety					
	ice Status			1 0				cos		R
18 19	N/O N/O				temperatures res for hot holding		+		+	
20	N/O		Proper co	ooling time an	d temperature					
21 22	IN IN			hot holding to	emperatures emperatures					
23	IN				emperatures and disposition					
24	N/A				l; procedures & records					
	21.1			Consume	r Advisory			060		
Complian 25	nce Status N/A		Consumer Advisor	v provided fo	r raw/undercooked food		+	cos	$\rightarrow$	R
	13//1		Consumor Advisor	, provided 10	a., and or oooked root					
			Hia	hly Suscept	ible Populations					
	ce Status				•			cos		R
26	N/A		Pasteurized foods	issued; proh	ibited foods not offered					
	-									
Person In	Charge (Signature)				Date:					
Person In	Charge (Signature)				Date:					
Person In	Charge (Signature)				Date:					



Inspector (Signature) NCC-EHSII-O46

Violations cited in the 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 Papert			Page 2 of 4	
Delaware Division of Pub		i i		6	Date 10/24/2019	
			ntervention Violations		Time In 1:45 PM	
office of Food Protection		No. of Repeat Risk Factor/I	ntervention Violations	0		
17 Federal St., Dover, D		1011 10111	Score (optional)		Time Out 3:00 PM	
stablishment	Address	City/State	Zip Code		Telephone	
unoco Food Mart	1201 N Dupont Hwy	New Castle, DE	19720		302-328-4042	
icense/Permit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category	
001083	Sunoco Food Mart	Routine	Permanent		Low	
FOODB	ORNE ILLNESS RISK FACTORS AND	PUBLIC HEALTH INTERVENTIONS/	OOD RETAIL PRAC	TICES		
Camplianas Ctatus	Food/Color	Additives and Toxic Substances		200	B	
Compliance Status 27 N/A	Food additive	s; approved & properly used		cos	R	
28 IN		properly identified, stored, & used				
Compliance Status	Conforma	ance with Approved Procedures		200	B	
Compliance Status 29 N/A	Compliance with var	riance/specialized process/HACCP		cos	R	
	·		•		•	
		Safe Food and Water				
Compliance Status	Postourized	eggs used where required		cos	R	
31		ce from approved source				
32		or specialized processing methods				
Camplianas Status	Fo	ood Temperature Control		000	R	
Compliance Status 33	Proper cooling methods used:	adequate equipment for temperature control		cos	K	
34	Plant food properly cooked for hot holding					
35 36	Approved					
30	memome	eters provided & accurate	I			
		Food Identification				
Compliance Status				cos	R	
37	Food properl	y labeled; original container				
	Provor	ntion of Food Contamination				
Compliance Status	Fievei	ition of Food Contamination		cos	R	
38 OUT	Insects, rode	ents, & animals not present				
39 40		during food preparation, storage & display rsonal cleanliness				
41		hs: properly used & stored				
42	Washir	ng fruits & vegetables				
Compliance Status		Proper Use of Utensils		cos	R	
43	In-use u	tensils: properly stored		003	K	
44		nens: properly stored, dried, & handled				
45 46		vice articles: properly stored & used  ves used properly				
40	310	wes used properly			I	
	Utens	ils, Equipment and Vending				
Compliance Status				cos	R	
47 48 OUT		cleanable, properly designed, constructed, & unstalled, maintained, & used; test strips	ısed			
49 OUT	<u> </u>	d contact surfaces clean				
			•			
		Physical Facilities	· ·			
Compliance Status		r quallable; adequate process		cos	R	
50 51	Hot & cold wate Plumbing insta	r available; adequate pressure Illed; proper backflow devices				
1	ag moto	71 -1			-	
Person In Charge (Signature)		Date	۵٠			

Follow-up: YES Follow-up Date: 10/28/2019



Violations cited in the 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 <b>3</b> of <b>4</b>	
Delaware Division of Public Health		1	No. of Risk Factor/Intervention Violations				
Office of Food Protection			No. of Repeat Risk Factor/	No. of Repeat Risk Factor/Intervention Violations  Score (optional)		Time In 1:45 PM	
417 Federal St., Dover, DE 19901			Time Out 3:00 PM				
Establishme	ent	Address	City/State	Zip Code	Zip Code		
Sunoco Food Mart		1201 N Dupont Hwy	New Castle, DE	19720	19720 30		
License/Permit #		Permit Holder	Purpose of Inspection	Est. Type		Risk Category	
N001083		Sunoco Food Mart	Routine	Permanent		Low	
	FOC	DBORNE ILLNESS RISK FACTORS AND I	PUBLIC HEALTH INTERVENTIONS/	GOOD RETAIL PRACT	ICES	,	
			Physical Facilities				
52		Sewage & waste water properly disposed					
53		Toilet facilities: properly constructed, supplied, & cleaned					
54		Garbage & refuse properly disposed; facilities maintained					
55	OUT	Physical facilities installed, maintained, & clean					
56		Adequate ventilation & lighting; designated areas used					

Person In Charge (Signature)	Date:
Inspector (Signature) NCC-EHSII-O46	Follow-up: YES Follow-up Date: 10/28/2019



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	F	ood Establishment Insp	pection Report			Page <b>4</b> of <b>4</b>			
Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901			No. of Risk Factor/Intervention Violations  No. of Repeat Risk Factor/Intervention Violations			Date 10/24/2019			
						Time In 1:45 PM			
			Sco	re (optional)		Time Out 3:00 PM			
Establishme	ent	Address	City/State	Zip Code		Telephone			
Sunoco Foo	d Mart	1201 N Dupont Hwy	New Castle, DE	19720		302-328-4042			
License/Per	mit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category			
N001083		Sunoco Food Mart	Routine	Permanent		Low			
		OBSERVATIONS AND	D CORRECTIVE ACTIONS						
Item Number									
38	6-501.111/Controlling Pests(Priority Foundation) Inspector observed two dead mice on trap behind the hot dog warmer unit, one live mice was observed behind the soda dispensing machine. Rodent droppings were found inside soda machine cabinet and at the drain tray. All wood cabinets were found with rodent droppings inside.								
48	4-301.12/Manual Warewashing, Sink Compartment Requirements(Priority Foundation) Three compartment sink was found not accessible with equipment parts blocking the 3 bowls.								
48	4-302.14/Sanitizing Solutions, Testing Devices(Priority Foundation) No test strips available to verified sanitizer concentration.								
16	4-501.114/Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness(Priority) No sanitizer available inside food establishment.								
02	2-102.12/Certified Food Protection Manager(Core) No Certified Food Protection Manager on site.								
49	4-601.11/Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils(Core) All the cabinets at the food dispensing area and product shelve, needs to be clean.								
55	6-501.114/Maintaining Premises, Unnecessary Items and Litter(Core) Multiple pieces of food dispensing equipment were found not working and just idle. Idle equipment should be removed from facility.								
		INSPEC	TION NOTES						
area. Mana hire a pest	gement needs to clean the entire	food establishment top to bottom. All food odent issue. Establishment needs to be cle	minent Health Hazard and Gross Insanitary Coi items, all cups and to-go containers needs to b an with no mice and no droppings to be able to	e discard. Man					

Person In Charge (Signature)

Date:

Inspector (Signature) NCC-EHSII-O46

Follow-up: YES Follow-up Date: 10/28/2019