

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).

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			ood Establishmen	ıt	ln	spe	e C	tion R	eport		Page/	of_
		sion of Public Hea	ılth	L	No. of Risk Factor/Intervention Violations Date / No. of Repeat Risk Factor/Intervention Violations Time In							1347
		Protection		V	lo. c	lo, of Repeat Risk Factor/Intervention Violations Score (optional)						15:05
	and the same of the	., Dover, DE 1990	1		T.,	-0	ana.	1 1-		optional)	Time Ou	6
1	Well +	Charles	Address Rehabon Ad Permit Holder Marie L	re	Cit	ty/9ta	l	hono	th	199/	Telepho	7-2180
Licens	se/Permit#	~ 1	Permit Holder Maniel	11	PL	ırpqs	Rf	Inspection		Est. Type	Risk	Category
e and e	700	FOODBO	ORNE ILLNESS RISK FACTO	חב	2 1	ND F	ربر 1110	BIJO HEA	THINTERVE	NTIONS	4-7-5-6	Car
AV ATTACK	Circle dosi	IN THE RESIDENCE OF THE PARTY OF THE P	s (IN, OUT, N/O, N/A) for each numbered	1,042.6	NO.	14 <b>1</b>	2 41		and the party of t		for COS and/o	r R
JN=i	n compliance	OUT=not in complia				able		co	S=corrected on-site			eat violation
Compliance Status Compliance Status											COS R	
EX.	361126	Supe	ervision	193		17	IN	OUT	Proper dispositio	n of returned,	previously se	rved,
1 IN	OUX	Person in charge pre	sent, demonstrates knowledge,				Ľ		reconditioned & u	CONTRACTOR OF TAXABLE	11.10	
		and performs duties		_		100		DESCRIPTION OF THE PERSON OF T	Time/Temperatu			THE STREET
2 JIN	OUT N/A	Certified Food Prote		1000	School Section		_	OUT N/A N/O	Troper deciming a			
DESCRIPTION		1	ree Health	0.25	COLO	_		OUT N/A N/O	1 reper ranta acting			
3 IN	OUT	Management, food e knowledge, responsi	mployee and conditional employee;				⊢	OUT N/A N/O	Tropar ocoming th			
4 IN	OUT	Proper use of restric			-		-	OUT N/A N/O	Tropor not moral	and the same of the same of the same		
5 IN	OUT		iding to vomiting and diarrheal events			23	IN	OUT N/A N/O				
THE REAL PROPERTY.	WHITE WAR		enic Practices	ari.	389	24	IN	OUT N/A N/O				ecords
9.	OUT N/C	Proper eating, tastin	drinking, or tobacco use				193	220 ph (420)	THE RESERVE OF THE PERSON NAMED IN COLUMN	er Advisory		
7 IN	OUT N/C	Tro discribing ironi e	yes, hose, and mouth			25	IN	OUT N/A	Consumer advisor			ed food
noen	CHT NG		amination by Hands	100		100	10.	DIT MA	Highly Susce			ESCOPERIO
8 IN	OUT N/C	Thatas broat or prope	. \	_	Н	26	IIN	OUT N/A	Pasteurized foods od/Color Additive			ffered
9 IN	OUT N/A N/C		et with RTE food or a pre-approved			27	lini	OUT N/A	Food additives: a	100		SELECTION OF SELEC
10 IN	OUT	Adequate handwashing	sinks properly supplied and accessible		$\vdash$		-	OUT N/A	Toxic substances			used
Mon	Non-Some		ed Source	a line		100	635		conformance with			ascu as a second
11 IN	OUT	Food obtained from	approved source		T	29	IN	OUT N/A	Compliance with v	ariance/specia	lized process/H	ACCP
12 IN	OUT N/A N/C	Food received at pro	pper temperature								1	
13 IN	OUT	Food in good condition, safe, & unadulterated		1				Tiels feeters .	:		an identified on	the meet
14 IN	OUT N/A N/C											
	SI SULTON	parasite destruction interventions are control measures to prevent foodborne illness or injury.  Protection from Contamination							or injury.			
45 IN	OUT N/A N/C			150	285	,	/					
	OUT N/A	-	es; cleaned & sanitized		-	ł	,					
11000		The second contact surface	GOOD R	ET/	AL.	PRAC	TI	CES	ent Service Committee	ELES VARIA	70	
104001910	CORRECTION	Good Retail Pract	ices are preventative measures to contro	CT100	pposta	STATE OF STATE	right to the		nicals, and physical	objects into fo	ods.	
Mark "	X" in box if nu	mbered item is not in co							Secorrected on-site			peat violation
												cos R
0.0	SETTEMENT.		d and Water			181		NAME OF THE		se of Utensi	S	Contract Contract of the
30		urized eggs used whe		-			13 14		utensils: properly		Water Branch and Act	
32		r & ice from approved		-	$\vdash$	-	15	- Company of the second	s, equipment & liner use/single-service a			
TAKES.	I IValia	· · · · · · · · · · · · · · · · · · ·	alized processing methods erature Control	层0	900	4 1-	16		use/single-service a	mules, proper	ly stored a use	,u
	Prope		d; adequate equipment for	1000	T	100	707	Manage A	Utensils, Equi	pment and V	ending	CONTRACTOR OF THE PARTY.
33		erature control	,				17	Food 8	non-food contact			
34	7/200	food properly cooked	for hot holding			] [ 4	+7	I I	y designed, constr		V and the second	
35	Appro	Approved thawing methods used				1 —	18	Warewa	ashing facilities: inst	alled, maintain	ed, & used; test	t strips
36	Therr	Thermometers provided & accurate				4	19	Non-fo	od contact surface			
27	BEET STREET		entification	960	Bigg		333	100 PM 600 24 15	The state of the s	al Facilities	1	CONTRACTOR OF THE PERSON
37	Food	properly labeled; origin		9501	20100		50 51	2020 000	cold water available			
38	Inces	Prevention of Food Contamination			The same	4 -	52		ng installed; prope e & waste water pr	The state of the s		
39		Insects, rodents, & animals not present  Contamination prevented during food preparation, storage & display					53		acilities: properly of			aned
40		Personal cleanlines				-	54		ge & refuse proper			
41		Wiping cloths: properly used & stored				5	55		al facilities installe			
42	Wash	ing fruits & vegetables	1 1 1 1 1 1 1 1	1		[5	56	Adequa	ate ventilation & lig	ıhting; design	ated areas us	ed
Perso	Person in Charge (Signature)											
Inspe	ctor (Signat	uro) JCLE	4511 #219	t:			F	ollow-up:	YES NO (Cir	cle one) Fol	low-up Date:	
		1 1		_			_	7	( )			

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<b>D</b> .		on Report		
Health St	e Division of Public Health ystems Protection eral St., Dover, DE 19901	License/Permit #	Lone	Date 7-31-19
Establish	ment Challes Address 100 habol	7 City/State	MITTA Zig	Code 7 Telephone 7 78
1000		AND CORRECTIVE	ACTIONS	7777 34 7 010
Item Number				
pia.		2	,	
(	Upon Routine Man	nancx	it was du	Coverd
	and a permit he	ad Thi	of ben	obtained.
	Facility closed du	1 to 10	IUK of De	mul
	change of ouroship	paperu	vork lift	wym owner
	will schedule cha	last o	formersh	4
	Due received as	el rel	rewed.	- Infla
	Business Cura a	41 00111	·	1/1/0
	Do not remove clo	sed S	gn. This	can be
	DPH.	gur	ejo wsen ja	IMC 0
			77.	
	1000	1 1 1		8
	XWW M	MY		2 2
Person in 0	Charge (Signature)	219	Date:	7-31-19
Inspector (	Signature) SC EH II + (	14	Date:	7-31-19