

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 Risk Factor/Intervention Violations U Date 4-14-19						
Office of Food Protection							No. of Repeat Risk Factor/Intervention Violations						
417 Federal St., Dover, DE 19901 Score (optional) NA Time Out 10.45													
Estab			Change D'Address	1	Ci	ty/	State	P. "), (Zip Code Telephone			
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Licen	SO/P	ermit#	N/19 7 CAC Permit Holder		P	arp			spection	Est. Type Risk Category			
- 1	V K	(V)	FOODBORNE ILLNESS RISK FACTO	OR.	SA	IM							
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 applicable COS=corrected on-site during inspection R=repeat violation													
	_	liance S		COS	-			om	pliance \$				
			Supervision				17 IN			Proper disposition of returned, previously served,			
1 IN	OUT		Person in charge present, demonstrates knowledge				17 118	ı Ou	1	reconditioned & unsafe food			
I IIIA	001		and performs duties				1	2		Time/Temperature Control for Safety			
2 IN	OUT	N/A	Certified Food Protection Manager						T N/A N/O	Tropor dealing mile a semperature			
			Employee Health						T N/A N/O	7 21 2			
3 IN	OUT		Management, food employee and conditional employee;				-		T N/A N/O	Topor booking time and temperature			
			knowledge, responsibilities and reporting	_	1				T N/A NO				
	OUT		Proper use of restriction and exclusion	_			_	<i>i</i> ——	T N/A N/O				
5 IN	OUT		Procedures for responding to vomiting and diarrheal events	-			200	_	T N/A N/O	Tropor date meming and dependen			
In.	CLIT	NICO	Good Hygienic Practices		1		24/11	QU	T N/A N/O				
6 IN	OUT		Proper eating, tasting, drinking, or tobacco use	25		-	25/0	OU	T N/A	Consumer Advisory Consumer advisory provided for raw/undercooked food			
7 IN	001	N/O	No discharge from eyes, nose and mouth Preventing Contamination by Hands	_	1	Н	Section	00	I IN/A	Highly Susceptible Populations			
8 IN	OLIT	N/O					26 IN	LOU	T N/A	Pasteurized foods used; prohibited foods not offered			
		-	Hands clean & properly washed		7		20	. 00		od/Color Additives and Toxic Substances			
9 IN	OUT	N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	- marian			27 IN	1 OU	T N/A	Food additives: approved & properly used			
10 IN	OUT	/	Adequate handwashing sinks properly supplied and accessible				28 11	1 00	T N/A	Toxic substances properly identified, stored, & used			
	1		Approved Source							onformance with Approved Procedures			
11 IN	9UT	-	Food obtained from approved source				29 IN	1 ON	T N/A	Compliance with variance/specialized process/HACCP			
12 IN	OUT	N/A N/O	Food received at proper temperature										
13 1/4	OUT		Food in good condition, safe, & unadulterated					Dick	factors a	re important practices or procedures identified as the most			
14/IN	OUT	T N/A N/O Required records available shellstock tags.											
			parasite destruction	_				inte	rventions a	re control measures to prevent foodborne illness or injury.			
Tiva	OLIT	N/A N/O	Protection from Contamination										
15 IN			Food separated and protected	-									
10 1114	001	IN/A	Food-contact surfaces; cleaned & sanitized GOOD RI	TA	NII I	PR	ACT	CE	S				
			Good Retail Practices are preventative measures to control							nicals, and physical phiacts into foods			
Mark "	Y" in	boy if num	bered item is not in compliance Mark "X" in appropriate							S=corrected on-site during inspection R=repeat violation			
IVICATIO	7 111	box ii itaiii	pored term to me in compliance	cos			o dila	01.10		COS R			
			Safe Food and Water					-		Proper Use of Utensils			
30		Pasteu	rized eggs used where required				43		In-use u	Itensils: properly stored			
31			& ice from approved source				44			equipment & linens: properly stored, dried, & handled			
32		Variand	ce obtained for specialized processing methods				45		Single-u	se/single-service articles: properly stored & used			
			Food Temperature Control				46		Gloves	used properly			
33		Proper	cooling methods used; adequate equipment for					ri .		Utensits, Equipment and Vending			
24			ature control				47			non-food contact surfaces cleanable,			
34			ood properly cooked for hot holding						The same being the same of the	/ designed, constructed, & used			
35		The state of the s	ed thawing methods used				48			shing facilities: installed, maintained, & used; test strips			
36		Thermo	ometers provided & accurate		_		49		Non-foo	od contact surfaces clean			
27	-	I.	Food Identification				50		No. 25	Physical Facilities			
37		[Food p	roperly labeled; original container	<u> </u>	-		51			old water available; adequate pressure			
38		Unaccet	Prevention of Food Contamination rodents, & animals not present				52			ng installed; proper backflow devices & waste water properly disposed			
39		-	Although States Switch Misses Switch				53			collities: properly constructed, supplied, & cleaned			
40			Contamination prevented during food preparation, storage & display Personal cleanliness				54			e & refuse properly disposed; facilities maintained			
41			Wiping cloths: properly used & stored				55			I facilities installed, maintained, & clean			
42			ng fruits & vegetables				56		10	te ventilation & lighting; designated areas used			
	1,	111111111111111111111111111111111111111				7.5							
Perso	n in	Charge (Signature) 10119 Ches							Date: 4-14-19			
la ca	-4	10:	ONCE FUSTIONS					مالہ	w-up:	YES NO (Circle one) Follow-up Date: 6-2-719			
misbe	ULUI	Unbilline					10	OIIO,	w-up.	I TO TOURS LOUGH - OF Date . 4			



	Inspecti	on Report	Page 2 of 2
Health Sy	Division of Public Health estems Protection ral St., Dover, DE 19901	License/Permit#	Date <u>(0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </u>
Establish	ent hase Resaucon 1401 Phil	City/State Zip Coc	Telephone 12-4848
Audr	E CHILD ST A CONTROLL TO THE FIRM	AND CORRECTIVE ACTIONS	70-10-6
Item Number			
TAGITIDO	1.1	eover	
	This inspection repor		nterim
		Permit to operate.]	+ expires
	on Avant 31 2019. You	- 11 1 - 1	
	fee. Failure to pay th	1 1 1	- 11 -
	closure:		1
			, , , , , , , , , , , , , , , , , , ,
	The following discrep	ancies must be re	solved:
	- Ptease ins		d prepsink
			orra compar.
			ie pipe
	- Please obta	in chlorine lest s	strips
	-		
	_ , _ ()))	1.	
	NOTE Employee Heat		
	MOST Recent 1	NSP SIGNAGE	
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	4 Pb 105 00 to 10-	27-19+	
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			the state of the
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Person in	Charge (Signature) 30119 Chem		14-19
Inspector	Signature) NCC FHST 043	Date: Lo	-14-19