

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						Ir	1S	pe	cti	on F	Report		Pa	age	of_			
Delaware Division of Public Health									No	of R	isk Fact	or/Intervention Vic	lations	0	Date \	01	dell	
Office of Food Protection							No. of Repeat Risk Factor/Intervention Violations   D   Time in   2.45											
417 Federal St., Dover, DE 19901											Score (	optional)	AVI	Time Out	5	:30		
Establishment Day Const Address Days (					0	C	ity	/State	9	at	00100	Zip Code	2	Telapho	ne I	111		
1	IA	11-	en "	Stock Swim(	LAP GEL	arris	1	4	14	1	UN	14/16	MITA	1480	٥		5 11	211
Lie	License/Permit # Permit Holder OLANK Super (				11			nose nr.	of Ins	pecton	1.0000	Est. Type	ET	Risk	Cate	gary		
	FOODBORNE ILLNESS RISK FACTO				OF	SI	-	3350	IIRI	CHE	TH INTERVE	NITIONS	1	1001	n			
EU.	10230	Ci	rala danla				191.00		H	(Inc.)		IC HE	Made IVI in a	CHOILE	For O	)C and/a-	D.	NAT DON'T
١.	10.1 1.4		_	•	(IN, OUT, N/O, N/A) for e			• • • • • • • • • • • • • • • • • • • •										
$\vdash$	IN-In compliance OUT=not in compliance N/Q=not observed N/A=not Compliance Status					-	B R	The state of the s								at old	cos R	
IIU	-	лир	nance		rvision	A) SIWK					-		Proper disposition	of returned	I. previ	ously ser	ved.	C SA SAIS
	T				sent, demonstrates know	Medne	Т	T	1	17 1	N OUT		reconditioned & u			,	1	
3	IN	OUT		and performs duties	orit, Borronsti Bros Kriot	wouge,				1000	-	251 312/3	Time/Temperatur		or Safe	oty	10 ×	
2	IN	OUT	N/A	Certified Food Protect	ion Manager		$\vdash$		1	18	N OUT	N/A N/O						
繭	000	1.0	NEC 678.9		oo Health	MALL III						N/A N/O						
2	Inc.	OLIT		Management food en	nployee and conditional	employee:	Т	П		20 1	N OUT	N/A N/O						
3	IIN (	TUC		knowledge, responsib		employee,				21	N OUT	N/A N/O						
4	IN (	TUC		Proper use of restricti						22	TUO N	N/A N/O						
5	IN (	TUC			fing to vomiting and diarri	heal events				23	TUO N	N/A N/O				Y		
40	1	100	11/12/20		nic Practices			- 13		24	N OUT	N/A N/O			aim amaining behinda		ords	
6	_	TUC	N/O	Proper eating, tasting	drinking, or tobacco us	e				ı î	1		Consum	er Advisory		La viene		STELLED
7	IN C	TUC	N/O	No discharge from ey						25	TUO V	N/A	Consumer advisory	provided for	raw/un	dercooked	food	
44	8	200	N. S.	Preventing Conta	mination by Hands	osilar.	16	7		Line	THE PARTY	377	Highly Suscep	tible Popul	ations	SECOND SECOND	Total !	V 7/8
8	IN C	TUC	N/O	Hands clean & proper	ly washed					26 1	TUO I		Pasteurized foods				ered	
9	IN C	TUC	N/A N/O	No bare hand contact	with RTE food or a pre-	approved					14.		od/Color Additives	and Toxic	Subst	anoes		1.0.7
N.	VV			alternative procedure	And the state of the same of t			_			V OUT		Food additives: ar	No. of Concession, Name of Street, or other	and the state of	Course in Consession of		
10	IN C	TUC			sinks properly supplied and	accessible	-	-		28   1	V OUT		Toxic substances p				sed	
	lui e	LIT	- 3		d Source	1/4, 1	10			00/4	1.01.17		onformance with	-		-		
11	IN C	TUC	N/A N/O	Food obtained from a			1	1	U	29 1	V OUT	N/A	Compliance with va	riance/specie	alized pr	ocess/HA	CCP	
			N/A N/O	Food received at prop				1		r								_
13	IN C	TUC			n, safe, & unadulterated	1	f	1			Risk 1	actors a	e important practices	or procedur	es ident	ified as the	a mos	
14	IN C	ITUC	N/A N/O	Required records avai	lable: snellstock tags,	(/	1		1		preve	lent contri	ibuting factors of food	bome illnes:	s or Inju	ry. Public	health	
NE SO	000	CHIN		Protection from	Contamination	) \	-	4			interv	entions a	re control measures (	o prevent for	odborne	iliness or	injury.	
15	IN C	TUC	N/A N/O	Food separated and p		1					1							
		TUC		Food-contact surfaces		$\rightarrow$				خرد								
		Ħ.	SON SAID	110000000000000000000000000000000000000		GOOD RE	TA	VIL.	PR.	ACT	CES	THE REAL PROPERTY.	Market age	V3436A	Nie.	1-1903	Title.	CASE!
	100			Good Retail Practice	es are preventative measu	res to contro	the	add	itio	n of p	athoge	ns. chem	icals, and physical of	oiects into foc	ods.			
Mar	k "X	in b	ox if num	bered item is not in com	The state of the s	appropriate							S=corrected on-site of			R≈repea	at viole	ition
					1 /		COS	_	П						and I			COB R
(5)00		(6-20)	Name of	Safe Road	and Water								Proper Use	of Utensil	S	Manual S		on cold
3	0		Pasteu	rized eggs used where	required					43		In-use u	tensils; properly sto	ored				
3	_		Water &	k ice from approved so	ntoe					44			equipment & linens		red, dr	ed, & han	dled	
3	2		Varianc	e obtained for specialize	ed processing methods	3				45		Single-us	se/single-service arti	cles: properl	y store	d & used		
18	23	THE ST	Mary 1	Food Temper		THE PARTY	TA			46		Gloves	used properly					
3	3		1.0	-	adequate equipment fo	ı e			-	-0.0			Utensils, Equipr			No.		
				ature control						47			non-food contact su					
3.	_		-	od properly cooked for	- Committee - Comm				:	40			designed, construc					
3	_		-	ed thawing methods us					-	48			shing facilities: instell		d, & us	ed: test str	ps	-
3	0		Thermo	meters provided & acc		W	_		H	49		Non-foo	d contact surfaces	The second secon	HACL	C		-0.00
3	7 1	W. C.	F- 1	Food Iden	The state of the s	- 12 D				50		Line o	and the state of t	Facilities		A HONNE		00000
3	No. of the	1/2 al 1	I - ood pr	operly labeled; original			No.		-	51			old water available;					
31	аТ	3 3	Incests	Prevention of Foo		~			1	52			g installed; proper t & waste water prop					
31	-			rodents, & animals no	food preparation, storage	a & diambar			-	53			diffies: properly con			& class	d	-
41	_			nation prevented during al cleanliness	iood preparation, storagi	e & display			-	54			& refuse properly				_	
4	_			cloths: properly used 8	stored				-	56			facilities installed.					
4:	$\rightarrow$			g fruits & vegetables	0/ -	at at a			-	56		-	e ventilation & light					
er	Person in Charge (Signature) + Mare 4MC Grelles Date: 6 26 19																	
nspector (Signature) NCC EHS II OUL Follow-up: YES NO ICIrc						ES NO (Circle	one) Follo	ow-up	Date:									



	Inspecti	on Report	Page of
Health Sy 417 Fede	Division of Public Health estems Protection ral St., Dover, DE 19901	License/Permit#	Date 6 26 19
Establishn	y BOOK Swim Chub Le & Parris	D City/State (minator	Zip Code Telephone
ACTIVE	OBSERVATIONS	AND CORRECTIVE ACTIONS	Per More Introducti
Item Number	An upper mitted food e	4	has been found
	during a paul inspection.		
	0,	1 1 2 2 2 2 3 3	× 10 10 10 10 10
	a food permit. Package	d shall not be	Served without
	a food permit, Tackage	gra toods are	hormited for
	Service.		
	Valley Brook Swim Club	has been tol	d to cease and
	Valley Brook Swim Club desist operations of	unpackagod	food,
	\	,	
		1	
			4
	0.00		
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	3		
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		<i>y</i> .	
	The state of the s		
74			
	2		
Person in (	Charge (Signature) A Share's MICO	arolles	Date: 6 26 19
Inspector (	* * * * * * * * * * * * * * * * * * * *	1	Date: 6 26 19