



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						
Office of Food Protection							No. of Repeat Risk Factor/Intervention Violations								
417 Federal St., Dover, DE 19901										Score (c	optional)	MA	Time Out //	.30	
	Establishment Address							ite	7 00		Zip Code		Telephone	Three	
Yi Palace 4435 Contoned Pike					_				nston of	10.00	14803	>		100	
License/Permit # Permit Holder							irpos irre		finspection	Jup Control Pla	Est. Type		Risk Categ	ory	
	FOODBORNE ILLNESS RISK FACTOR									THINTERVE	NTIONS		- //UK		
MESSES.	-	ircle decid	LICENSES DE L'ALTERNATION DE L'ALTERNATI	(IN, OUT, N/O, N/A) for each numbered	PURSU	March Committee				CONTRACTOR DESIGNATION OF THE PERSON	TOWNSHIP TOWNSHIP	v for C	OS and/or P		
IN=i			OUT=not in compliar			tem Mark "X" in appropriate box for COS and/or R applicable COS=corrected on-site during inspection R=repeat violation									
								R Compliance Status Cos							
Supervision							17 IN OUT Proper disposition of returned, previously served,								
1 IN	OUT	-	Person in charge pres	sent, demonstrates knowledge,			11	III	COT	reconditioned & u	insafe food				
, ,	001		and performs duties						The second	Time/Temperatur	re Control f	for Sai	fety		
2 IN	OUT	ΓN/A	Certified Food Protect						OUT N/A N/O	Proper cooking ti	me & tempe	erature	s		
			Employe	ee Health			100		OUT N/A N/O	Proper reheating					
3 IN	OUT	г -		nployee and conditional employee;					OUT N/A N/O	Proper cooling tin			re		
- _{10.1}	OUT		knowledge, responsib					-	OUT N/A N/O	Proper hot holdin					
-	OUT		Proper use of restricti		-			-	OUT N/A N/O	Proper cold holding		Contract to			
5 IN	UU			ding to vomiting and diarrheal events				_	OUT N/A N/O	Proper date mark					
LINI	OUT	r N/O		nic Practices	_		24	IIIA	OUT N/A N/O	Time as a Public H	er Advisor		edures & records		
-	001		The second secon	, drinking, or tobacco use			25	III	OUT N/A	Consumer advisory	A STATE OF THE SAME	ACCOUNT OF REAL PROPERTY.	ndercooked food		
7 IN	001	14/0	No discharge from ey	es, nose, and mouth mination by Hands			20	IIIA	OUTINA	Highly Suscep					
o lini	OUT	r N/O			Street,		26	INI	OUT N/A	Pasteurized foods				-	
			Hands clean & proper				20	I	The second secon	d/Color Additive	THE RESERVE AND ADDRESS OF THE PARTY NAMED IN	STATE OF TAXABLE PARTY.			
9 IN	רטס	N/A N/O	No bare hand contact alternative procedure	with RTE food or a pre-approved			27	IN	OUT N/A	Food additives: a	AND DESCRIPTION OF THE PARTY OF	CHARLESTA			
10 IN	OUT	Г		sinks properly supplied and accessible			-	-	OUT N/A	Toxic substances		-			
			AND THE PARTY OF T	d Source					C	onformance with					
11 IN	OUT	Г	Food obtained from a	pproved source			29	IN	OUT N/A	Compliance with va	ariance/spec	alized	process/HACCP		
12 IN	OUT	N/A N/O	Food received at prop	A-1,						***************************************					
13 IN	OUT		Food in good conditio	n, safe, & unadulterated									all the same of		
14 IN OUT N/A N/O			Required records available: shellstock tags,			Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health									
parasite destruction							interventions are control measures to prevent foodborne illness or injury.								
				n Contamination											
15 IN OUT N/A N/O Food separated and protected															
16 IN	OUT	r N/A	Food-contact surface:	s; cleaned & sanitized		Щ									
				GOOD RE		STATE OF THE PARTY NAMED IN	No.	and and the	NAMES AND ADDRESS OF						
	ana			es are preventative measures to contro					And the second second second				22 10.100 (
Mark "	X" in	box if num	bered item is not in com		cos	-	OS ar	nd/c	or R CO	S=corrected on-site	during inspe	ction	R=repeat viola	cos R	
			A.F.		COS	1		i i i		Droner He	se of Utens	ile		COS R	
30	T	Denteur		and Water			4	3	1			113			
31	-	The second second second	rized eggs used where					4	AND RESIDENCE AN	tensils: properly st equipment & linens		tored	triad & handlad		
32	-	THE RESERVE OF THE RESERVE OF	& ice from approved so	ource ized processing methods		7		5	The second secon				CONTRACTOR OF THE PARTY OF THE		
Committee of		Ivariano	The same of the sa	rature Control	999		45 Single-use/single-service articles: properly stored & used 46 Gloves used properly								
	T	Proper	A STATE OF THE PARTY OF THE PAR	; adequate equipment for					Loinves	Utensils, Equip	ment and	Vendir	ng		
33		100000000000000000000000000000000000000		, assignate equipment to				- 1	Food &	non-food contact s					
34		Plant food properly cooked for hot holding				4	7	100000000000000000000000000000000000000	designed, constru						
35			Approved thawing methods used				4	8	200	shing facilities: instal			used; test strips		
36	Approved the wing incureds used					4	9		d contact surfaces			11.69			
Food Identification											l Facilities				
37 Food properly labeled; original container 50 Hot & cold water available; adequate pressu									ire						
			to a Common Comm	od Contamination	100	N-1	5	1		g installed; proper					
38	C	Insects	, rodents, & animals n	ot present			1	2	Sewage	& waste water pro	perly dispo	sed			
39		Contam	Contamination prevented during food preparation, storage & display				5	3	Toilet fa	cilities: properly co	onstructed,	supplie	ed, & cleaned		
40		Personal cleanliness						4	Garbage	e & refuse properly	disposed;	facilitie	s maintained		
41						5	-		facilities installed		MI PHILIPPINE	The state of the s			
42 Washing fruits & vegetables 56 Adequate ventilation & lighting; designated areas used							areas used								
Person in Charge (Signature) Date: //e 100.05															
Inspector (Signature) NCC - GIST 73% Follow-up: YES (NO) (Circle one) Follow-up Date:															



		Inspec	tion Repor	T .	Page of				
Health S	e Division of Public Health ystems Protection eral St., Dover, DE 19901		License/Permit #	* N077641	Date _ / (g D-3				
Establish	nent Palace	Address 4435 Concord Pik	City/State	1	Zip Code Telephone				
У	raiga	14435 Concord Pik	S AND CORRECTIV	ng tun. DE	19903 (312) 477-6900				
		OBSERVATION	S AND CORRECTI	VE ACTIONS					
Item Number									
	8-404.11 B Y	Palace may resu		1. No live or	dead muches				
	been deaped is	nd santurd	turn day	storage gruns.	The Kilchen has				
38	6 Sol. 111 (PP) 1	do live rooches e	Ibsorred or	muse dopping	P. (THB)				
	An administrative	meeting was Go	nducted this	morning with	CEHS Director.				
	NCC Ating Tits I	I and inspector.	The owner	s of Vi Palac	e were in alterdance.				
	a tool Fstablishin			3 inspections	Vi Palace risk				
	15 1)	d his cleaning so		increased his	post service to				
	bi-monthly.	8							
	<u> </u>								
					teres in the teres of the teres				
					,				
Person in C	Person in Charge (Signature) Date: 1 6 2020								
Inspector (S	Signature) NCC #15Ti	-038		D	iate; / // ₀ /20				