



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

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Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations	0	Date	10 Dec 19
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	3:00 PM
Establishment		Score (optional)		Time Out	3:40 PM
AKA Hleaci	Address	City/State	Zip Code	Telephone	
5409 N. Du Pont Hwy	Dover DE	19901	267-366-9153		
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category	
No Permit	Dorcas P. Blac	Other			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Compliance Status		COS		R	
Supervision					
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A	Certified Food Protection Manager			
Employee Health					
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN OUT	Proper use of restriction and exclusion			
5	IN OUT	Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices					
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			
7	IN OUT N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN OUT N/O	Hands clean & properly washed			
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	IN OUT	Adequate handwashing sinks properly supplied and accessible			
Approved Source					
11	IN OUT	Food obtained from approved source			
12	IN OUT N/A N/O	Food received at proper temperature			
13	IN OUT	Food in good condition, safe, & unadulterated			
14	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction			
Protection from Contamination					
15	IN OUT N/A N/O	Food separated and protected			
16	IN OUT N/A	Food-contact surfaces; cleaned & sanitized			

Compliance Status		COS		R	
17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food			
Time/Temperature Control for Safety					
18	IN OUT N/A N/O	Proper cooking time & temperature			
19	IN OUT N/A N/O	Proper reheating procedures for hot holding			
20	IN OUT N/A N/O	Proper cooling time and temperature			
21	IN OUT N/A N/O	Proper hot holding temperature			
22	IN OUT N/A N/O	Proper cold holding temperature			
23	IN OUT N/A N/O	Proper date marking and disposition			
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records			
Consumer Advisory					
25	IN OUT N/A	Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations					
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	IN OUT N/A	Food additives, approved & properly used			
28	IN OUT N/A	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
29	IN OUT N/A	Compliance with variance/specialized process/HACCP			

Risks factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in the box if numbered is not in compliance. Mark "X" in appropriate box for COS and/or R. COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS		R	
Safe Food and Water					
30		Pasteurized eggs used where required			
31		Water & ice from approved source			
32		Variance obtained for specialized processing methods			
Food Temperature Control					
33		Proper cooling methods used; adequate equipment for temperature control			
34		Plant food properly cooked for hot holding			
35		Approved thawing methods used			
36		Thermometers provided & accurate			
Food Identification					
37		Food properly labeled; original container			
Prevention of Food Contamination					
38		Insects, rodents, & animals not present			
39		Contamination prevented during food preparation, storage & display			
40		Personal cleanliness			
41		Wiping cloths: properly used & stored			
42		Washing fruit & vegetables			
Proper Use of Utensils					
43		In-use utensils: properly stored			
44		Utensils, equipment & linens: properly stored, dried, & handled			
45		Single-use/single-service articles: properly stored & used			
46		Gloves used properly			
Utensils, Equipment and Vending					
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48		Warewashing facilities: installed, maintained, & used; test strips			
49		Non-food contact surfaces clean			
Physical Facilities					
50		Hot & cold water available; adequate pressure			
51		Plumbing installed; proper backflow devices			
52		Sewage & waste water properly disposed			
53		Toilet facilities: properly constructed, supplied, & cleaned			
54		Garbage & refuse properly disposed; facilities maintained			
55		Physical facilities installed, maintained, & clean			
56		Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature) _____ Date: 10 Dec 19

Inspector (Signature) KC HRC # 007 Follow-up: YES NO Follow-up Date: _____



Inspection Report

Delaware Division of Public Health
Health Systems Protection
417 Federal St., Dover, DE 19901

License/Permit # No Permit

Date 10 Dec 19

Establishment AKAHIEACI

Address 5409 N. Dupont Hwy

City/State Dover DE

Zip Code 19901

Telephone _____

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

- (C) Today I was informed that a (Food establishment) was operating from a food Establishment that was Permitted. "AKAHIEACI" is operating from MAMA G's during closed Days (Mon/Tue). The owner/PIC is Not Permitted as a FE (Permit) or as a cater without Premise, eatery.
- * Received notice via faceBook / mobile cart + for fixed location with
- * 8-(602.10A) (General) Operating without a Permit
- Immediate closure order. If a food establishment is found operating without a valid permit as required by Subpart 8-301.11 of the Delaware food Code, The Regulatory Authority shall order the facility immediately closed
- * 8-301.11 (Prerequisite for operation)
- A person may not operate a food establishment without a valid permit to operate issued by the Regulatory Authority
- * 8-404.11 (Ceasing operations and Reporting)
you are being order / Directed to Cease + Desist all food operations at this location until you obtain the correct Permit. Discontinue operations due to other circumstances that may endanger Public Health
- Note
- * MAMA G's can continue to operate under her/his approved FE Permit
- * I will provide PIC with a CHOP application to be submitted to the office of food Protection
- * A closure sign will not be posted since MAMA G's is an approved FE
- * A cease + Desist letter will be issued by mail.

MAMA G's

Person in Charge (Signature) _____

Date: 10 Dec 19

Inspector (Signature) KC HPC #007

Date: 10 Dec 19