



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).

ME

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 <u>3</u> | | Date <u>11/26/19</u> |
| | | No. of Repeat Risk Factor/Intervention Violations <u>N/A</u> | | Time In <u>1:50</u> |
| | | Score (optional) <u>N/A</u> | | Time Out <u>3:50</u> |
| Establishment <u>Brew Hatha</u> | Address <u>222 Delaware Ave Ste 103 Wilmington DE 19801</u> | City/State <u>Wilmington DE</u> | Zip Code <u>19801</u> | Telephone <u>7775137</u> |
| License/Permit # <u>N119014</u> | Permit Holder <u>Brew Hatha / Alsatha Kyles</u> | Purpose of Inspection <u>routine</u> | Est. Type <u>fe</u> | Risk Category <u>Med</u> |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Morkides 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 & temperatures | | | | | |
| 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 temperatures | | | | | |
| 22 | IN OUT N/A N/O | | | | |
| Proper cold holding temperatures | | | | | |
| 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 | | | | | |

Risk 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 box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

| | | 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 | OUT | | | | X |
| Insects, rodents, & animals not present | | | | | |
| 39 | | | | | |
| Contamination prevented during food preparation, storage & display | | | | | |
| 40 | | | | | |
| Personal cleanliness | | | | | |
| 41 | | | | | |
| Wiping cloths: properly used & stored | | | | | |
| 42 | | | | | |
| Washing fruits & 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) [Signature] Date: 11/26/19

Inspector (Signature) NCC ENS1044 Follow-up: YES NO (Circle one) Follow-up Date: 11/27/19



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Food Establishment Inspection Report

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

License/Permit # N 11 9014

Date 11/26/19

Establishment Brew Ha / ta

Address 222 Delaware Ave Ste 103 Wilmington DE 19801

City/State

Zip Code

Telephone 777 5137

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|-------------------------|-------------|----------------------|-------------|---------------|------|
| <u>Cream cheese</u> | <u>64°F</u> | <u>Sandwiches on</u> | <u>54°F</u> | | |
| <u>Butter</u> | <u>64°F</u> | <u>front counter</u> | | | |
| <u>in under counter</u> | | | | | |
| <u>refrigerator</u> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OBSERVATION AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below or as stated in Section 8-405.11 of the Food Code

| Item Number | Violations cited in this report must be corrected within the time frames below or as stated in Section 8-405.11 of the Food Code |
|-----------------|---|
| <u>22</u> | <u>3-501.16 (P) Food items listed above holding above 41°F - corrected on site (COS) discarded</u> |
| <u>24</u> | <u>3-501.19 (A) Written procedures not in place to use time as public health control</u> |
| <u>10</u> | <u>5-205.11 (A) Front counter hand sink used to drain container - COS, person in charge (PIC) will educate staff on using hand sink for hand washing - to allow accessibility</u> |
| <u>38</u> | <u>6-501.111 (A) Rodent droppings observed on front counter space behind and under equipment on counter, in dry storage space on shelf, on floor under dry storage rack and in between freezer and refrigerator</u> <u>- clean and sanitize surfaces droppings are present</u> <u>- clean and sanitize food contact surfaces not enclosed in containers for protection</u> <u>- have pest service perform treatment and seal possible entry points</u> <u>- have pest report available - at re-inspection</u> |
| <u>8-404.11</u> | <u>(P) food establishment has been told by regulatory authority to cease operations due to rodent infestation - re-inspection needed prior to permission to ^{again} open</u> |

Person in Charge (Signature) [Signature]

Date: 11/26/19

Inspector (Signature) NICE EHS 11044

Date: 11/26/19