



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

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).

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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		No. of Risk Factor/Intervention Violations <u>5</u>		Date <u>12/16/19</u>
		No. of Repeat Risk Factor/Intervention Violations <u>0</u>		Time In <u>11:00</u>
		Score (optional) <u>N/A</u>		Time Out <u>1:00</u>
Establishment <u>China Dragon</u>	Address <u>1754 Maryland Ave</u>	City/State <u>Wilmington, DE</u>	Zip Code <u>19805</u>	Telephone <u>302-636-3388</u>
License/Permit # <u>DD7915</u>	Permit Holder <u>Sue Yule Chong</u>	Purpose of Inspection <u>Plan. Ins.</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

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

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

Safe Food and Water		COS		R	
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	<input checked="" type="checkbox"/> 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		COS		R	
43	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
48	<input checked="" type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips				
49	<input checked="" type="checkbox"/> Non-food contact surfaces clean				
Physical Facilities					
50	Hot & cold water available; adequate pressure				
51	<input checked="" type="checkbox"/> 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) Sue Yule Chong

Date: 12/16/19

Inspector (Signature) 1100-115 II-038

Follow-up: YES NO (Circle one) Follow-up Date: TBD



Inspection Report

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

License/Permit # N087915

Date 12/16/19

Establishment China Dragon

Address 1954 Maryland Ave

City/State Wilmington, DE

Zip Code 19805

Telephone (302) 656-3388

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	
38	6-501.111 (P) Mouse (dead) and roach on trap under steam table next to bain marie. Mouse (dead) behind walk heater near mop sink. Mouse droppings throughout facility. - Gnat inside floor - Gnats present near 3 compartment sink
23	3-501.17 (PP) No date on egg rolls in Pepsi [®] refrigerator and in walk-in refrigerator. No date on cooked shrimp
16	4-601.11 (PP) Table next to fryer is covered with food debris and grease Cooked chicken stored in bain marie in black grocery bags. - Cutting board next to fryer encrusted with grease and food debris.
48	4-300.14 (PP) No test strips available (Chlorine)
49	4-601.11 c Hand sink covered with food debris on handles
43	3-304.12 c Cups inside rice (cooked), flour, raw rice, chicken. Need scoop with handle.
47	4-101.19 c Cardboard inside plastic container for fried chicken wings. (cos) Cutting board inside cardboard. Cardboard inside salamander/barbequer that is not being used. (cos)
35	6-202.15 c Gap in front and back door.
51	5-203.15 c Mop sink not working properly. Leaking Prep sink water pressure is low.
8-404.11 (P)@	China Dragon shall immediately discontinue operation due to Pest and droppings observed on food Establishment. Gross insanitary conditions that may endanger public health was also observed.

Person in Charge (Signature) Sullivan

Date: 12/16/19

Inspector (Signature) NCC-81511-038 Sullivan

Date: 12/16/19



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 Office of Food Protection
 417 Federal St., Dover, DE 19901

License/Permit # N087915

Date 12/16/19

Establishment China Dragon

Address 1954 Maryland Ave.

City/State Wilmington, DE

Zip Code 19805

Telephone (702) 656-3378

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATION AND CORRECTIVE ACTIONS

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
	The restaurant must be cleaned and pest eliminated before Health Department conducts re-inspection to open.
	P. Wilson is conducting pest service during inspection. Please leave detailed report of pest service. Increase pest service to help eliminate pest.
	Note: Clean unused equipment and remove all items not used in food establishment.

Person In Charge (Signature) [Signature]

Date: 12/16/19.

Inspector (Signature) NCC-FPS II-237

Date: 12/16/19