Violations cited in the 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).

		F	ood Establishment In	spection Report				Page 1 of	4
Delaware Division of Public Health			1	No. of Risk Factor/Intervention Violations			Date 01/13/202		
Office of Food Protection				No. of Repeat Risk Factor/Intervention Violations		0	Time In 12:30 F	<sup>2</sup> M	
417 Federal St., Dover, DE 19901			No. of Ropout Riok Factorini				Time Out 2:00	PM	
Establishment Address		City/State	Score (option   Zip Co			Telephone			
lbb lbc		Wilmington, DE	1980	12		202 656 5106			
Ibb Inc License/Pe	ermit #		601 Concord Avenue Permit Holder	Purpose of Inspection		Est. Type		302-656-5106 Risk Categ	ory
N000724	FOC	DRORNE II I	NESS RISK FACTORS AND PUR	Complaint BLIC HEALTH INTERVENTIONS/GO		nanent PRACI	TICES	Medium	
	FOC	DBORNE ILL			JOD KETAIL	FRACI	IICES		
Complian	nce Status			Supervision		Т	cos	R	
01			Person in charge present, demons	strates knowledge, and perform duties					
02			Certified Food F	Protection Manager					
			_						
Complian	nce Status		Em	ployee Health		_	cos	R	
03	lce Status	Manage	ement, food employee and conditional e	mployee; knowledge, responsibilities and	reporting		003	K	
04			Proper use of res	triction and exclusion					
05			Procedures for responding t	o vomiting and diarrheal events					
			011	Ivaiania Praetiasa					
Complian	nce Status		Good I	Hygienic Practices		T	cos	R	
06	- Otatus		Proper eating, tasting	, drinking or tobacco use			555		
07			No discharge from	eyes, nose, and mouth					
0	an Otatura		Preventing C	Contamination by Hands			000		
08	nce Status		Hands clean 8	properly washed			cos	R	
09		No ba	are hand contact with RTE food or a pre-	approved alternative procedure properly a	allowed				
10			Adequate handwashing sinks	properly supplied and accessible					
Complian	nce Status		Ар	proved Source		_	cos	R	
11	lee Status		Food obtained fro	om approved source			000	K	
12			Food received at	proper temperature					
13 Food in good condition, safe, & unadulterated 14 Required records available: shellstock tags, parasite destruction									
			required records available. Si	constant tags, parasite destruction				I	
			Protection	from Contamination					
Complian	ice Status						cos	R	
15	OUT			ed and protected					
17	16 OUT Food-contact surfaces; cleaned & sanitized  17 Proper disposition of returned, previously served, reconditioned & unsafe food								
	1	1	, , , , , , , , , , , , , , , , , , , ,	,,					
			Time/Tempe	rature Control for Safety					
	ice Status			-			cos	R	
18 19				ime & temperatures ocedures for hot holding					
20				me and temperature					
21			Proper hot hole	ding temperatures					
22				ding temperatures king and disposition					
24				Control; procedures & records					
						•		•	
			Con	sumer Advisory					
	nce Status		0	lad for row/water			cos	R	
25		<u> </u>	Consumer Advisory provid	ded for raw/undercooked food					
			Highly Sur	sceptible Populations					
Complian	nce Status		Thighly du			I	cos	R	
26			Pasteurized foods issued	; prohibited foods not offered					
Person In	Charge (Signature	<i>.</i> )		Date:					
I GISUIIIII	onarge (Signature	7		Date.					
l									
lnon+-	(Cianatur-) NOO	THE II 040		Fallew up. VEQ. Falley D	nto: 04/44/004	20			
inspector	(Signature) NCC I	=n5 II 043		Follow-up: YES Follow-up D	ate: 01/14/202	<b>2</b> U			

Inspector (Signature) NCC EHS II 043

Violations cited in the 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 Establishmen	t Inspection Report			Page 2 of 4
Delaware Division of Pub	olic Health	No. of Risk Factor	Intervention Violations	2	Date 01/13/2020
Office of Food Protection 417 Federal St., Dover, DE 19901 Establishment Address		No. of Repeat Risk Factor		0	Time In 12:30 PM
		No. of Ropout Mon Factors	Score (optional)		Time Out 2:00 PM
		City/State	Zip Code	٠	Telephone
bb Inc	601 Concord Avenue	Wilmington, DE	19802		302-656-5106
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category
N000724	lbb Inc	Complaint	Permanent		Medium
	ORNE ILLNESS RISK FACTORS AND			TICES	INICUIUIII
	F	Addition and Taxin Collectors			
Compliance Status	FOOd/Color	Additives and Toxic Substances		cos	R
27		s; approved & properly used			
28	Toxic substances	properly identified, stored, & used			
	Conforma	ance with Approved Procedures			
Compliance Status				cos	R
29	Compliance with val	riance/specialized process/HACCP			
		Safe Food and Water			
Compliance Status				cos	R
30		eggs used where required ce from approved source			
32		or specialized processing methods			
Compliance Status	Fo	ood Temperature Control		cos	R
33	npliance Status  33 Proper cooling methods used; adequate equipment for temperature control				K
34	Plant food pro	operly cooked for hot holding			
35 36		d thawing methods used eters provided & accurate			
		store promata a accurate	<u> </u>		'
		Food Identification			
Compliance Status	Food properl	ly labeled; original container		cos	R
0.	. 000 p.opo	y lazolou, oliginar ostraine.			'
	Prevei	ntion of Food Contamination			
Compliance Status	Imposto vod	ente 9 animale net present		cos	R
38 OUT 39	Insects, rodents, & animals not present  Contamination prevented during food preparation, storage & display				
40	Pe	rsonal cleanliness			
41 42	Wiping clot Washi	hs: properly used & stored ng fruits & vegetables			
	11461	ng nano a vogetazio			
	1	Proper Use of Utensils			
Compliance Status	In upo u	stancile: properly stared		cos	R
44		nens: properly stored nens: properly stored, dried, & handled			
45		vice articles: properly stored & used			
46	Gio	oves used properly			
	Utens	ils, Equipment and Vending			
Compliance Status				cos	R
47 48		cleanable, properly designed, constructed, & nstalled, maintained, & used; test strips	used		
49		d contact surfaces clean			
O-mallanas Otto		Physical Facilities		000	
Compliance Status 50	Hot & cold wate	er available; adequate pressure		cos	R
51		alled; proper backflow devices			
Person In Charge (Signature)		Da	te:		

Follow-up: YES Follow-up Date: 01/14/2020



Violations cited in the 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 In	spection Report			Page 3 of 4	
Delaware Division	of Public Health	No. of Risk Factor/Intervention Violations 2			Date 01/13/2020	
Office of Food Pro	tection	No. of Repeat Risk Factor/Intervention Violations		0	Time In 12:30 PM	
417 Federal St., Do	over, DE 19901	Score (optional)			Time Out 2:00 PM	
Establishment	Address	City/State	Zip Code		Telephone	
lbb Inc	601 Concord Avenue	Wilmington, DE	19802		302-656-5106	
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category	
N000724	lbb Inc	Complaint	Permanent		Medium	
	FOODBORNE ILLNESS RISK FACTORS AND PU	BLIC HEALTH INTERVENTIONS/G	OOD RETAIL PRACT	ICES		
	Phy	ysical Facilities				
52 Sewage & waste water properly disposed						
53	Toilet facilities: properly constructed, supplied, & cleaned					
54	54 Garbage & refuse properly disposed; facilities maintained					
55	55 Physical facilities installed, maintained, & clean					
56	56 Adequate ventilation & lighting; designated areas used					

Person In Charge (Signature)	Date:
Inspector (Signature) NCC EHS II 043	Follow-up: YES Follow-up Date: 01/14/2020



Violations cited in the 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 Page 4 of 4						
Delaware Division of Public Health			No. of Risk Factor/Intervention Violations		2	Date 01/13/2020
Office of Food Protection			No. of Repeat Risk Factor/Intervention Violations		0	Time In 12:30 PM
417 Federal St., Dover, DE 19901			Score (optional)			Time Out 2:00 PM
Establishment		Address	City/State	Zip Code		Telephone
lbb Inc		601 Concord Avenue	Wilmington, DE	19802		302-656-5106
License/Per	mit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category
N000724		lbb Inc	Complaint	Permanent		Medium
		OBSERVATIONS AND	CORRECTIVE ACTIONS			
Item Number						
16		ntact Surfaces, Nonfood-Contact Surfaces, a ntact surfaces in To-Go containers, coffee s				
38	6-501.111/Pests are present (i.e. rodents, insects)(Priority Foundation) Rodent droppings observed throughout establishment.					

**INSPECTION NOTES** 

Complaint- Complainant observed a lot of mouse droppings near the Hot Food and coffee stations. Also could see tracks. Veggies had little bite marks, cookie bags were chewed.

Observations- Upon inspection, spoke with person in charge regarding complaint. Inspector thoroughly inspected entire establishment. Inspector observed mouse droppings throughout hot food area on shelves behind and around to- go containers. Droppings also observed in condiment to-go containers and throughout coffee station. Inspector observed droppings directly on sliding door of the hot food freezer. Droppings also observed in other areas including under refrigeration, shelves, and on retail shelves directly next to and behind packaged products.

8-404.11 P: CLOSING due to Imminent Health Hazard of rodent infestation and gross insanitary conditions.

The following discrepancies must be resolved prior to approval to re-open:

- Please complete a thorough deep cleaning. Clear all shelving in kitchen area and clean and sanitize.
- Discard all contaminated utensils and to-go containers
- -Discard old cardboard and newspaper.
- -Open bait is prohibited in Food establishments
- -Request an immediate Pest Service visit: Provide detailed pest report, identify pest entry points, recommendations, and areas of concern. Complete Pest Company recommendations
- -Clean and sanitize retail shelves

Establishment is CLOSED and must remain closed until approval to reopen by Health Dept. Kitchen area must not be in use. Retail portion of store is not included in closure.

Re-inspection fee assessed in the amount of 50.00 due to non-compliance of violations: 6-501.111, 4-601.11, 8-404.11

Person In Charge (Signature)	Date:
Inspector (Signature) NCC EHS II 043	Follow-up: YES Follow-up Date: 01/14/2020