



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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<b>Delaware Division of Public Health</b> <b>Office of Food Protection</b> <b>417 Federal St., Dover, DE 19901</b>		<b>No. of Risk Factor/Intervention Violations</b> <span style="float: right;">0</span>		<b>Date</b> <span style="float: right;">19 Feb 20</span>	
		<b>No. of Repeat Risk Factor/Intervention Violations</b> <span style="float: right;">0</span>		<b>Time In</b> <span style="float: right;">2pm</span>	
<b>Establishment</b> Comfort Suites		<b>Address</b> 1654 W. DuPont		<b>City/State</b> Dover, DE	
<b>License/Permit #</b> none		<b>Permit Holder</b> unk.		<b>Zip Code</b> 19901	
		<b>Purpose of Inspection</b> Complaint		<b>Est. Type</b> Restaurant	
				<b>Telephone</b> 302-736-1204	
				<b>Risk Category</b> Standard	

### 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	
<b>Supervision</b>					
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A	Certified Food Protection Manager			
<b>Employee Health</b>					
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			
<b>Good Hygienic Practices</b>					
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			
7	IN OUT N/O	No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>					
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			
<b>Approved Source</b>					
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			
<b>Protection from Contamination</b>					
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			
<b>Time/Temperature Control for Safety</b>					
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			
<b>Consumer Advisory</b>					
25	IN OUT N/A	Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>					
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>					
27	IN OUT N/A	Food additives: approved & properly used			
28	IN OUT N/A	Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>					
29	IN OUT N/A	Compliance with variance/specialized process/HACCP			

**Risks factors** are important 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 **COS**=corrected on-site during inspection **R**=repeat violation

Compliance Status		COS		R	
<b>Safe Food and Water</b>					
30		Pasteurized eggs used where required			
31		Water & ice from approved source			
32		Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>					
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			
<b>Food Identification</b>					
37		Food properly labeled; original container			
<b>Prevention of Food Contamination</b>					
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			
<b>Proper Use of Utensils</b>					
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			
<b>Utensils, Equipment and Vending</b>					
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			
<b>Physical Facilities</b>					
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: 19 Feb 20

Inspector (Signature) [Signature] Follow-up: **YES** **NO** Follow-up Date: TBD  
 (Circle one)



**Inspection Report**

Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901		License/Permit # <u>None</u>	Date <u>19 Feb 20</u>
Establishment <u>Comfort Suites</u>	Address <u>1654 N. Dufant</u>	City/State <u>Dover</u>	Zip Code <u>19901</u> Telephone <u>302 736-1204</u>

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	
	Today I was informed that this location was prepping / serving food to customers without a valid Public Health Permit.
	This location is Reheating sausages / <sup>scrabbled</sup> eggs from Bulk Package other items being served
	- Juices from Dispenser - Pastries - Coffee from Dispenser - Cereal from Dispenser - Bread / Bagels
	* AT this time you can not serve food to the Public
	* you can offer prepackaged food items that have correct labeling: Identifying Allergens / manufacturer / ingredients / etc. (Retail food items)
	* Food shall be obtained from an approved source
	* You are being closed for the following reasons:
	- (8-301.11) A person may not operate a food establishment without a valid permit to operate issued by the regulatory authority
	* PIC was give a copy of a Plan Review packet. Please submit as soon as possible
	* A sign will be posted: sign will not be removed by any one other than the Delaware Health Department

Person in Charge (Signature) <u>[Redacted]</u>	Date: <u>19 Feb 20</u>
Inspector (Signature) <u>KC #RC #007</u>	Date: <u>19 Feb 20</u>