



# 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).

## 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>0</u>	Date	<u>9 Dec 19</u>
		No. of Repeat Risk Factor/Intervention Violations	<u>0</u>	Time In	<u>1:23</u>
		Score (optional)	<u>0</u>	Time Out	
Establishment	Address	City/State	Zip Code	Telephone	
<u>Cordelia Diner</u>	<u>169675 DuPont Hwy</u>	<u>Harrington DE</u>	<u>19952</u>		
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category	
<u>NO Permit</u>		<u>Follow up</u>	<u>FF</u>	<u>High</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	Compliance Status			COS	R
<b>Supervision</b>									
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties			17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food		
2	IN OUT N/A	Certified Food Protection Manager			<b>Time/Temperature Control for Safety</b>				
<b>Employee Health</b>									
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			18	IN OUT N/A N/O	Proper cooking time & temperatures		
4	IN OUT	Proper use of restriction and exclusion			19	IN OUT N/A N/O	Proper reheating procedures for hot holding		
5	IN OUT	Procedures for responding to vomiting and diarrheal events			20	IN OUT N/A N/O	Proper cooling time and temperature		
<b>Good Hygienic Practices</b>									
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			21	IN OUT N/A N/O	Proper hot holding temperatures		
7	IN OUT N/O	No discharge from eyes, nose, and mouth			22	IN OUT N/A N/O	Proper cold holding temperatures		
<b>Preventing Contamination by Hands</b>									
8	IN OUT N/O	Hands clean & properly washed			23	IN OUT N/A N/O	Proper date marking and disposition		
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records		
10	IN OUT	Adequate handwashing sinks properly supplied and accessible			<b>Consumer Advisory</b>				
<b>Approved Source</b>									
11	IN OUT	Food obtained from approved source			25	IN OUT N/A	Consumer advisory provided for raw/undercooked food		
12	IN OUT N/A N/O	Food received at proper temperature			<b>Highly Susceptible Populations</b>				
13	IN OUT	Food in good condition, safe, & unadulterated			26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
14	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction			<b>Food/Color Additives and Toxic Substances</b>				
<b>Protection from Contamination</b>									
15	IN OUT N/A N/O	Food separated and protected			27	IN OUT N/A	Food additives: approved & properly used		
16	IN OUT N/A	Food-contact surfaces: cleaned & sanitized			28	IN OUT N/A	Toxic substances properly identified, stored, & used		
<b>GOOD RETAIL PRACTICES</b>									
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									

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.

Safe Food and Water			COS	R	Proper Use of Utensils			COS	R
30		Pasteurized eggs used where required			43		In-use utensils: properly stored		
31		Water & ice from approved source			44		Utensils, equipment & linens: properly stored, dried, & handled		
32		Variance obtained for specialized processing methods			45		Single-use/single-service articles: properly stored & used		
<b>Food Temperature Control</b>									
33		Proper cooling methods used; adequate equipment for temperature control			46		Gloves used properly		
34		Plant food properly cooked for hot holding			<b>Utensils, Equipment and Vending</b>				
35		Approved thawing methods used			47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
36		Thermometers provided & accurate			48		Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>									
37		Food properly labeled; original container			49		Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>									
38		Insects, rodents, & animals not present			<b>Physical Facilities</b>				
39		Contamination prevented during food preparation, storage & display			50		Hot & cold water available; adequate pressure		
40		Personal cleanliness			51		Plumbing installed; proper backflow devices		
41		Wiping cloths: properly used & stored			52		Sewage & waste water properly disposed		
42		Washing fruits & vegetables			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) Fatih Bayraktar Date: 9 Dec 19

Inspector (Signature) KC HPC #007 Follow-up: YES  NO  (Circle one) Follow-up Date:





### Inspection Report

Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901		License/Permit # <u>No Permit</u>	Date <u>9 Dec 19</u>
Establishment <u>Coronation Diner</u>	Address <u>16967 S Dupont</u>	City/State <u>Harrington DE</u>	Zip Code <u>19952</u>
		Telephone	

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	
*	Today I conducted a follow up on this location. PIC was informed that they had 10 days to submit a change of ownership application in "10" days from 29 Nov 19. As of 1130, 9 Dec 19 no application for a change of ownership was turned into the Kent County field office.
*	Closure letter for Permit # K098247 sent out 21 Nov 19.
*	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.
*	8-304.20 - Permits Not transferable - A permit may not be transferred from one person to another person.
*	8-602.10(A) General - Immediate Closure Order Food establishment is 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.
*	8-404.11 Cease operations: Due to circumstance that may endanger public health Note - Provided PIC with change of ownership application (2nd time) - You are to stop serving food to the public until you have a valid Public Health permit - You will be issued a cease & desist letter in the mail - Do not remove "closed" signs from front or back door of this establishment. Do not cover signs.
Person in Charge (Signature)	<u>Fatih Bayrak</u> Date: <u>9 Dec 19</u>
Inspector (Signature)	<u>KC HPC #007</u> Date: <u>9 Dec 19</u>

\* Please remove invalid permit from wall  
\* Only way sign will be removed is by Public Health.