



**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**

Page 1 of 3

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations		Date
Establishment <u>First State Exxon Dash-In</u>		Address <u>4400 Pulaski Hwy</u>		City/State <u>New Castle, De</u>
License/Permit # <u>W130098 / Exp. 4/1/19</u>		Permit Holder <u>Karan Gupta</u>		Purpose of Inspection <u>Routine</u>
Zip Code <u>19720</u>		Telephone <u>328-2929</u>		Est. Type <u>FE</u>
Risk Category <u>Low/Med</u>		Score (optional) <u>NA</u>		Time In <u>2:00</u>
				Time Out <u>4:10</u>

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Compliance Status		COS		R	
<b>Supervision</b>					
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			
<b>Employee Health</b>					
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			
<b>Good Hygienic Practices</b>					
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>					
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 checked="" 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			
<b>Approved Source</b>					
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 checked="" 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 checked="" type="radio"/> N/O	Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>					
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" 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			
<b>Time/Temperature Control for Safety</b>					
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooking time & temperatures			
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" 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 checked="" 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 checked="" type="radio"/> N/O	Proper hot holding temperatures			
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cold holding temperatures			X
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" 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 checked="" type="radio"/> N/O	Time as a Public Health Control; procedures & records			
<b>Consumer Advisory</b>					
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>					
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>					
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			
<b>Conformance with Approved Procedures</b>					
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**

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

Person in Charge (Signature) \_\_\_\_\_ Date: 4/4/19

Inspector (Signature) NCC-EHS II-046 Follow-up:  YES  NO (Circle one) Follow-up Date: TOB



**DELAWARE HEALTH AND SOCIAL SERVICES**

Division of Public Health

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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 # N130098 / exp. 9/1/19

Date 4/4/19

Establishment  
First State Exxon Deli

Address  
400 Pulaski Hwy

City/State  
New Castle, De

Zip Code  
19720

Telephone  
328-2929

**TEMPERATURE OBSERVATIONS**

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Hot Dogs in Walk in refrigerator</u>	<u>44°F</u>				
<u>Tacos in Warmer Display case</u>	<u>128°F</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>10</u>	<u>5-202.12 (PF) No hot/cold water available at 3 compartment sink. No hot water available at hand wash sink behind cashier.</u>
<u>10</u>	<u>6-301.12 (PF) No paper towel dispenser at hand wash sink by ware washing area. Also no paper towel dispenser by hand wash sink by coffee station.</u>
<u>21</u>	<u>3-501.16 (P) Tacos were found with temperature below 135°F after 3 hrs of being cooked.</u>
<u>22</u>	<u>3-501.16 (P) Hot dogs were found with temperature above 41°F (105) placed on cooler.</u>
<u>16</u>	<u>4-601.11 (PF) Food utensils are not being cleaned or sanitized before use and after cleaning.</u>
<u>17</u>	<u>3-701.11 (P) La victoria salsa picante was found with mold inside walk in refrigerator.</u>
<u>28</u>	<u>7-202.12 (P) Food establishment does not have a current pest control service provider.</u>
<u>36</u>	<u>6-501.111 (PF) Rodent droppings were observed inside all storage cabinets inside coffee bags box, <sup>WALK</sup> on to-go containers, 7 dead mice were found on traps, mice droppings were also observed in manager office and control room.</u>

Person in Charge (Signature)

Date: 4/4/19

Inspector (Signature) NCC-EHS B-046

Date: 4/4/19



**Inspection Report**

Delaware Division of Public Health  
Community Environmental Health Services  
417 Federal St, Dover DE 19901

License/Permit # N130098 (exp. 9/1/19)

Date 4/4/19

Establishment First State Exxon Dash In

Address 400 Pulaski Hwy

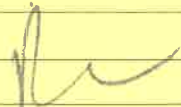
City/State New Castle, DE

Zip Code 19720

Telephone 328-2929

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Description
23	3-501.18 (P) Inspector found expired jar of mustard and expired jar of pickle chips inside reach in refrigerator.
48	4-302.14 (P) No test strips available for OTC or chlorine sanitizer.
2	2-201.12 C No Certified Food Protection Manager on site.
10	6-301.14 C Missing hand wash sign for employees at all hand wash stations.
41	3-304.14 C No wiping cloth held in a chemical sanitizer solution available for cleaning.
51	5-205.15 C Faucet at 3 compartment sink is broken. Faucet at hand wash station behind cashier is leaking.
8-404.11 (P)	Due to Imminent Health Hazard, "First State Exxon Dash In must cease all <sup>Hot</sup> food operations. Excessive amount of rodent droppings and dead rodents throughout the entire food establishment are the main reasons. <ul style="list-style-type: none"> <li>• Pest Control Services <sup>with</sup> shall be contacted to treat the issue. All food items must be discarded and all single serve article that are opened must be discarded. All food pouches that came in contact with pest must be discarded.</li> <li>• Pest Control Company needs to conduct an entry point assessment and work with management to seal entry points.</li> <li>• Once Pest <sup>and</sup> <sup>off</sup> <sup>call</sup> pest droppings <sup>are</sup> eliminated a thorough cleaning and sanitizing inside the cabinets, dispensing machine, <sup>with</sup> <sup>pests</sup> and the entire kitchen must happen prior to re-open.</li> <li>• All ware washing issues must be address prior to re-open.</li> </ul>

Person in Charge (Signature)   
Inspector (Signature) NCC-EHST-046

Date 4/4/19  
Date 4/4/19