



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

Page 1 of 2

| | | | | |
|---|--|---|--|--|
| 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>4/15/19</u> |
| Establishment <u>First State Green</u> | | Address <u>4000 Pulaski Hwy</u> | | City/State <u>New Castle, DE</u> |
| License/Permit # <u>N130098 Exp. 9/1/19</u> | | Permit Holder <u>Karans Gupta</u> | | Purpose of Inspection <u>Follow up</u> |
| Zip Code <u>19720</u> | | Telephone <u>328-2909</u> | | Est. Type <u>FE</u> |
| Risk Category <u>Low</u> | | Score (optional) <u>N/A</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 | IN OUT | Person in charge present, demonstrates knowledge, and performs duties | | | |
| 2 | IN OUT N/A | Certified Food Protection Manager | | | |
| Employee Health | | | | | |
| 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 | | | |
| Good Hygienic Practices | | | | | |
| 6 | IN OUT N/O | Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN OUT N/O | No discharge from eyes, nose, and mouth | | | |
| Preventing Contamination by Hands | | | | | |
| 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 | | | |
| Approved Source | | | | | |
| 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 | | | |
| Protection from Contamination | | | | | |
| 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 | | | |
| Time/Temperature Control for Safety | | | | | |
| 18 | IN OUT N/A N/O | Proper cooking time & temperatures | | | |
| 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 temperatures | | | |
| 22 | IN OUT N/A N/O | Proper cold holding temperatures | | | |
| 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 | | | |
| Consumer Advisory | | | | | |
| 25 | IN OUT N/A | Consumer advisory provided for raw/undercooked food | | | |
| Highly Susceptible Populations | | | | | |
| 26 | IN OUT N/A | Pasteurized foods used; prohibited foods not offered | | | |
| Food/Color Additives and Toxic Substances | | | | | |
| 27 | IN OUT N/A | Food additives: approved & properly used | | | |
| 28 | IN OUT N/A | Toxic substances properly identified, stored, & used | | | |
| Conformance with Approved Procedures | | | | | |
| 29 | IN OUT 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

| Compliance Status | | COS | | R | |
|---|---|---|--|---|--|
| Safe Food and Water | | | | | |
| 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 | X | 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 | | | |

| Compliance Status | | COS | | R | |
|--|---|--|--|---|--|
| Proper Use of Utensils | | | | | |
| 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 | | | |
| Utensils, Equipment and Vending | | | | | |
| 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 | | | |
| Physical Facilities | | | | | |
| 50 | | Hot & cold water available; adequate pressure | | | |
| 51 | X | 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: 4/15/19

Inspector (Signature) NCC-FHSTI-046

Follow-up: YES NO (Circle one) Follow-up Date: 5/15/19



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Inspection Report

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

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

Date 4/15/19

Establishment First State Error

Address 4000 Block, Hurr

City/State New Castle De

Zip Code 19720

Telephone 328-2929

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Description |
|-------------|--|
| | The following violations have been corrected: |
| 2 | 2-206.12 C. At least Certified Food Protection Manager was on site. |
| 51 | 5-205.15 C. Faucet at 3 compartment sink have been ^{not} properly repaired. |
| 28 | 7-202.12 (B) Exam found a contact with Pest Control Company "Green Pest Management" Health Department recommends to have bi-weekly services until infestation is completely eliminated. |
| 38 | 6-501.11 (P) Rodent droppings were found inside one of the trash enclosures cabinet and on the perimeter retail shelves. (10) Employees cleaned and sanitized affected areas during re-inspection. - Pest Control service was performed on 4/6/19, need to have service the week of 4/15/19. - Pest Control Company made recommendations to seal entry points and management was able to seal the entry points and continue to work with Green Pest Management to have issue under control. - Retail product shelves were properly cleaned. |
| A-601.10 C | A re-inspection fee has been assessed due to regulatory authority deeming re-inspection to confirm compliance with DE Food Code. |
| | Food establishment have met the requirements to be re-opened. Food establishment is approved to operate. |
| | - Owner needs to turned in to Health Department the Business Name Change application. |

Person in Charge (Signature)

[Signature]

Date:

4/15/19

Inspector (Signature)

NCC-EHSD-046

Date:

4/15/19