



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>3</u> | | Date <u>12/26/19</u> |
| | | No. of Repeat Risk Factor/Intervention Violations <u>0</u> | | Time In <u>1:40</u> |
| | | Score (optional) <u>N/A</u> | | Time Out <u>2:15</u> |
| Establishment <u>Bino's Pizza + Deli</u> | Address <u>1402 Larraster Ave Wilmington DE</u> | City/State <u>Wilmington DE</u> | Zip Code <u>19805</u> | Telephone <u>9206000</u> |
| License/Permit # <u>N01017016</u> | Permit Holder <u>Comer Sekerci</u> | Purpose of Inspection <u>routine</u> | Est. Type <u>FE</u> | Risk Category <u>Med</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. COS=corrected on-site during inspection. R=repeat violation.

| Compliance Status | | | COS | R | Compliance Status | | | COS | R |
|--|----|---|-----|---|--|----|-----|-----|---|
| Supervision | | | | | Time/Temperature Control for Safety | | | | |
| 1 | IN | Person in charge present, demonstrates knowledge, and performs duties | | | 17 | IN | OUT | | |
| 2 | IN | Certified Food Protection Manager | X | | Consumer Advisory | | | | |
| Employee Health | | | | | Highly Susceptible Populations | | | | |
| 3 | IN | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | 25 | IN | OUT | N/A | |
| 4 | IN | Proper use of restriction and exclusion | | | Food/Color Additives and Toxic Substances | | | | |
| 5 | IN | Procedures for responding to vomiting and diarrheal events | | | 27 | IN | OUT | N/A | |
| Good Hygienic Practices | | | | | Conformance with Approved Procedures | | | | |
| 6 | IN | Proper eating, tasting, drinking, or tobacco use | | | 29 | IN | OUT | N/A | |
| 7 | IN | No discharge from eyes, nose, and mouth | | | 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. | | | | |
| Preventing Contamination by Hands | | | | | | | | | |
| 8 | IN | Hands clean & properly washed | | X | | | | | |
| 9 | IN | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | | | | | |
| 10 | IN | Adequate handwashing sinks properly supplied and accessible | | X | | | | | |
| Approved Source | | | | | | | | | |
| 11 | IN | Food obtained from approved source | | | | | | | |
| 12 | IN | Food received at proper temperature | | | | | | | |
| 13 | IN | Food in good condition, safe, & unadulterated | | | | | | | |
| 14 | IN | Required records available: shellstock tags, parasite destruction | | | | | | | |
| Protection from Contamination | | | | | | | | | |
| 15 | IN | Food separated and protected | | | | | | | |
| 16 | IN | Food-contact surfaces; cleaned & sanitized | | N | | | | | |

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.

| | | | COS | R | | | | COS | R |
|---|---|---|-----|---|--|---|--|-----|---|
| Safe Food and Water | | | | | Proper Use of Utensils | | | | |
| 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 | | |
| Food Temperature Control | | | | | 46 | | Gloves used properly | | |
| 33 | | Proper cooling methods used; adequate equipment for temperature control | | | Utensils, Equipment and Vending | | | | |
| 34 | | Plant food properly cooked for hot holding | | | 47 | | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 35 | | Approved thawing methods used | | | 48 | | Warewashing facilities; installed, maintained, & used; test strips | | |
| 36 | | Thermometers provided & accurate | | | 49 | | Non-food contact surfaces clean | | |
| Food Identification | | | | | Physical Facilities | | | | |
| 37 | | Food properly labeled; original container | | | 50 | | Hot & cold water available; adequate pressure | | |
| Prevention of Food Contamination | | | | | 51 | | Plumbing installed; proper backflow devices | | |
| 38 | X | Insects, rodents, & animals not present | | X | 52 | | Sewage & waste water properly disposed | | |
| 39 | | Contamination prevented during food preparation, storage & display | | | 53 | | Toilet facilities; properly constructed, supplied, & cleaned | | |
| 40 | | Personal cleanliness | | | 54 | | Garbage & refuse properly disposed; facilities maintained | | |
| 41 | | Wiping cloths; properly used & stored | | | 55 | X | Physical facilities installed, maintained, & clean | | |
| 42 | | Washing fruits & vegetables | | | 56 | | Adequate ventilation & lighting; designated areas used | | |

Person in Charge (Signature) X Homoly Date: 12/26/19
Inspector (Signature) NCEHS11044 Follow-up: YES NO (Circle one) Follow-up Date: Pending Sanitation 12/27/19



Inspection Report

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

License/Permit #

N066706

Date

12/26/19

Establishment

Giino's PIZZA + Deli

Address

1402 Lancaster Ave

City/State

wilmington DE

Zip Code

19805

Telephone

4286000

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

- 38 6-501.111 (PF) Rodent droppings observed on floor behind mixer, on bottom of prep table, on storage carts, under slicer, under front counter, on pot cover
Pest service performed biweekly, last service 12/23/19
Small insect observed on chest freezer, person in charge ^{PIC} discarded ^{of} insect and sanitized top of chest freezer
- clean and sanitize food contact surfaces and areas
droppings present, seal entry points, pest service recommended
- 8-404.11 (P) Food establishment has been told to cease operations due to imminent health hazard of rodent infestation
- 10 5-205.11 (PP) Handsink used to fill container
- corrected on site (cos) spoke to PIC about using handsink for hand washing only
- 55 6-501.11 c Ceiling tile missing in back storage area
- 38 6-202.13 c fly strip hanging above food prep table
- 8 2-301.14 (P) Food employee did not wash hands after eating to resume food preparation after lunch break - cos, spoke to PIC to educate staff when to wash hands
- 2 2-102.12 c Certified food protection manager (CFPM) not on site - cos, CFPM came during inspection
- 6 2-401.11 c Food employee found eating at front counter
- 16 4-601.11 (PF) Pot cover next to 3 bay sink has rodent droppings on it - cos, discarded

Person in Charge (Signature)

X. How

Date:

12/26/19

Inspector (Signature)

WCC EHS11 041

Date:

12/26/19