

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 5																		
Delaware Division of Public Health  No. of Risk Factor/Intervention Violations  Date 9-1-9																		
Office of Food Protection						No.	of	Repe	at Ris	k Factor	/Intervention Viol	ations	0	Time In	10:0	San		
417 Federal St., Dover, DE 19901  Score (optional)  NA Time out 2.50											50 p							
Establishment Address Code City/State Zip Code Telephone																		
6.		let.		Lestalla	* 800	Macke	+ 5	-	y,	11	), (	m I	) <del>(</del> =	CI	= 540	3026	52-40	187
	_	_	mit #	1000 100 00	Permit Holder	1 Marine	10	P	urr	2000	of Inc	pection.	. (3	Est. Type	:1:	1-	k Categ	20
		70		14/5-1-20	Garden Force	achlichal	05 C		7.		VI IIIs	MA A	in of	IG S	· ·	KIA	Ylod	ory
	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   Supervision   47   Notified Brown   Compliance Status   Cos   R    47   Notified Brown   Cos   R   Compliance Status   Cos   R   Cos   R   Compliance Status   Cos   R   Cos   R																	
				Super	rvision					17	N OUT	. /	Proper disposition	of returne	ed, prev	iously s	erved,	
1	IN C	LIT		Person in charge pres	sent, demonstra	ites knowledge,							reconditioned & u	nsafe food				
	114 C	01		and performs duties							-		Time/Temperatur					
2	IN C	UT N		Certified Food Protect	tion Manager					18	N OUT	N/A,N/O	Proper cooking tir	ne & temp	erature	9	T	
14			10 0		ee Health	V 1	-100			19 1	N OUT	N/A N/O	Proper reheating					
						110		T	1				Proper cooling tim	o and tord	(norotur	o .	-	
3	IN C	UT		Management, food en			ee;			21	יינוֹם ער	N/A N/O	Proper hot holding					
	IN C	III		knowledge, responsib				-	1			N/A N/O						
-	IN C			Proper use of restricti					-			NYA N/O	Manage Branch Common Co					
5	IIA C	01		Procedures for respond		and diarrheal eve	ents						Proper date mark	ing and dis	sposition	1		
					nic Practices		7	-		24	A.Oh.	N/A N/O	Time as a Public H	ealth Contro	ol; proce	dures &	records	
-	IN C			Proper eating, tasting			1	1	1			-	The state of the s	er Advisor	190		F 14	
7	IN C	UT	N/O	No discharge from ey-	es, nose, and n	nouth			14	25 1	N OUT	N/A	Consumer advisory	provided for	or raw/ur	dercook	ed food	
				Preventing Conta	mination by Ha	ands			И		-	-	Highly Suscep	tible Popu	ulations			
8	IN C	UT	N/O	Hands clean & proper	ly washed	1			-	26	TUO N	N/A	Pasteurized foods	used; prohi	ibited for	ods not	offered	
Ħ				No bare hand contact	with PTE food	or a pro approx	ho				1	Foo	od/Color Additives				4	
9	IN C	NIU		alternative procedure			-			27 1	N OUT	N/A	Food additives: a	nnroved &	nronerly	v used		
10	IN C	UT		Adequate handwashing		7	ible				TUO V		Toxic substances		-		usad	
10			-		d Source	piled and accessi	DIE			-			onformance with				used	
	IN C	LIT				1		$\overline{}$		20	N OUT			The state of the s				
			/A N/O	Food obtained from a			-	-	-	29	4 00 1	IVIA	Compliance with va	riance/spec	plalized p	rocess/h	HACCP	
		_		Food received at prop	1970			-	-	100								
13	IN C	I DI		Food in good conditio	n, safe, & únad	Ulterated	- North		1	.	Dieks	footoro es			(44			
14	IN C	UTN	/A N/O	Required records ava	ilable: shellstoc	k tags,			-				e important practices ibuting factors of foo-					
				parasite destruction									re control measures					
		100	- V	Protection from	n Contaminatio	in _							6		1			
				Food separated and p	protected >	177												
16	IN C	UT N	/A	Food-contact surfaces	s; oleaned & sa	nitized									15			
		170				G00	DRET	AIL I	PR	RACT	ICES	100		-				
				Good Retail Practic	es are preventati	ve measures to c	ontrol th	e ado	ditio	n of n	athone	ns chem	icals, and physical o	hiects into fo	ioods			
Mari	k "X"	in bo	y if muna	bered item is not in com		flark "X" in approx							S=corrected on-site			P=ro	peat viola	tion
IVICATI		NI DO	X II Hart	bered itell is libe ill com	phante	mark A in approx	COLUMN TOWNS THE PARTY OF	6 R	Ť	Santo	roi ix	- 00	o-corrected on-site	during mape	ection	14-10	PERSONAL PROPERTY.	COS R
	-	100		Cale Fred	and Water		_				_	11 -2 1	Proper Us	e of litens	eile	- 7		
3	0 1		D 1	The second secon	The state of the s		-	1		43			<del></del>		7113			
3				ized eggs used where						43			tensils: properly st					
_	_			ice from approved so						44			equipment & linens					
3:	2		Variand	e obtained for speciali		methods	1			45		Single-u	se/single-service art	icles: prope	erly store	ed & use	d	
	-4	- 4			rature Control					46		Gloves	used properly					
3:	3		Proper	cooling methods used	; adequate equ	pment for							Utensils, Equip	ment and	Vendin	9		., .
		1.	tempera	ature control		1	) je			47		Food &	non-food contact s	urfaces cle	eanable,			
3	4		Plant fo	od properly cooked fo	r hot holding					47		properly	designed, constru	cted, & use	ed			
3	5			ed thawing methods us			h:			48			shing facilities: instal			sed: test	strips	
3	6			meters provided & acc		-				49			d contact surfaces	_	1104, 614	<u> </u>	Curpo	
	-				ntification							1.40.1 100		I Facilities	S			E
3	7	1	Food -					T		50	T	Lat c		A STATE OF THE PARTY OF THE PAR			ľ	
	-		r ood pr	operly labeled; origina		lan		_		51	-		old water available;			5		
31	o T	-		Prevention of Fo		10/1		1		52	-		g installed; proper					_
	_			rodents, & animals no							-		& waste water pro					
39	$\rightarrow$			ination prevented during	g food preparation	on, storage & disp	olay			53	-		cilities: properly co					
41	$\rightarrow$			al cleanliness						54	-		e & refuse properly				ained	
4	_	_		cloths: properly used a	2 Z		//			55	1	Physical	facilities installed,	maintaine	d, & cle	an		
4:	2	,	Washin	g fruits & vegetables	71	99 C	1	1	1	56	10000	Adequat	te ventilation & ligh	ting; desig	nated a	reas us	ed	
Person in Charge (Signature) / Moral Jeralo Date: 9-17-19																		
Insp	nspector (Signature) NCC EHST GUB / NCC EHST 08 Follow-up: (YES NO (Circle one) Follow-up Date:																	

Inspection Report Pag									
Delaware Health Sy 417 Fede	Date 9-17-19								
Establishn		City/State DE Zip Code	Telephone 307 652-4082						
OBSERVATIONS AND CORRECTIVE ACTIONS									
Item Number	\ \ \								
	Comple	int							
			round the						
	cardy inside the counter w	there the candy is stored	on						
	show case Complainant als	o observed building issue	S.						
	Gen								
. ^	Observa	20070	No.						
	Upon inspection, establish	ment currently closed to	y LAI						
	code enforcement. Inspe	ector thouroughly insp	ected						
	entire establishment. In	spector inspected front	end						
		ion. Inspector observed	documented						
	pictures from L+1 inspect		400						
		osenled droppings direct	ty under						
	0 1 ( 00000000	ise unit is tull of open	Jun wrapped						
		ears that mouse aloppi	rigs 100na						
	chocolate remains. Inspectors	ctor observed dropping	open through						
	out entire back kitchen a		scep station						
	under 3 comp sink, on s	[- ]   1   1   1-	e and						
	sticer. Inspector also of		of weakend						
		- I	pector						
7	leave 1 . O I .	nd soda filtration dou	on stairs						
	in room with mop sink.	This room is completel	4.10 o Isarra-						
	4. Missing ceilings, struct	ure toundations obser	rest-aro						
	mold/milden observed	. Operator advised that	tall choco-						
	late in that end must be	discarded imprediately. E	Entire						
	shelves, counters and bar	counters most be clean	ed and						
	sanitized and Hoors. Enti	re back kitchen mus	st first be						
	decluttered and rid of any	puseless, unused, or bro	Ren items.						
181	Entire pregine proser	reincluding all equipm	WITT MUST-						
Person in Charge (Signature) Date: 9-17-19									
Inspector (Signature) NCC EAST 843 NCC EHST -033 Date: 9-17-19									

Inspection Report Page 3 of 3									
Health Sy	ral St., Dover, DE 19901	License/Permit# N981754	Date 9-17-19						
Establish		City/State DE Zip Code	Telephone 30 2 652 408 2						
OBSERVATIONS AND CORRECTIVE ACTIONS									
Item Number	Λ.								
	be cleaned and sanitized	d. All shelves, Bcomp	sink area						
	and dish machine area must be cleaned and sanitized,								
	Operator needs to identify all pest openings and make								
	necessary repairs. Soda Unit and I ce must be relocated.								
	AL NOT N								
	Establishment is closed Operator advised to cease								
	and desist effective im	operator advised to nediately due to pes	t (adjust)						
-		initary conditions. E	stablishm-						
	ent must close and remo	. 1	porova!						
	to reopen by Health D	ept. Establishment	is corrently						
	closed by Dept of yeens	ses and Inspections (	L+I)						
2:	and condemned as Unfil	for Human Habitati	on. Operator						
		nby LoI prior to re	cievino						
	Health Dept approval.		15						
			4						
		*							
			5.7						
-									
			т						
7									
	pin V		-1						
	1								
		W.	2						
	(1)								
	1111 8	and the same of th							
Person in Charge (Signature): / //////////////////////////////////									
Inspector (Signature) NCC EH30 043/NCC-61511-038 Date: 9-17-19									