



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 | 0 | Date 01/08/2020 |
| | | No. of Repeat Risk Factor/Intervention Violations | 0 | Time In 12:50 PM |
| | | Score (optional) | | Time Out 1:45 PM |
| Establishment | Address | City/State | Zip Code | Telephone |
| Ihop | 215 Little Creek Rd | Dover, DE | 19901 | 302-736-6360 |
| License/Permit # | Permit Holder | Purpose of Inspection | Est. Type | Risk Category |
| | | Follow-up | Permanent | High |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS/GOOD RETAIL PRACTICES

| Supervision | | | |
|-------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 01 | Person in charge present, demonstrates knowledge, and perform duties | | |
| 02 | Certified Food Protection Manager | | |

| Employee Health | | | |
|-------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 03 | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | |
| 04 | Proper use of restriction and exclusion | | |
| 05 | Procedures for responding to vomiting and diarrheal events | | |

| Good Hygienic Practices | | | |
|-------------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 06 | Proper eating, tasting, drinking or tobacco use | | |
| 07 | No discharge from eyes, nose, and mouth | | |

| Preventing Contamination by Hands | | | |
|-----------------------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 08 | Hands clean & properly washed | | |
| 09 | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | |
| 10 | Adequate handwashing sinks properly supplied and accessible | | |

| Approved Source | | | |
|-------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 11 | Food obtained from approved source | | |
| 12 | Food received at proper temperature | | |
| 13 | Food in good condition, safe, & unadulterated | | |
| 14 | Required records available: shellstock tags, parasite destruction | | |

| Protection from Contamination | | | |
|-------------------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 15 | Food separated and protected | | |
| 16 | IN Food-contact surfaces; cleaned & sanitized | | |
| 17 | Proper disposition of returned, previously served, reconditioned & unsafe food | | |

| Time/Temperature Control for Safety | | | |
|-------------------------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 18 | Proper cooking time & temperatures | | |
| 19 | Proper reheating procedures for hot holding | | |
| 20 | Proper cooling time and temperature | | |
| 21 | Proper hot holding temperatures | | |
| 22 | Proper cold holding temperatures | | |
| 23 | Proper date marking and disposition | | |
| 24 | Time as a Public Health Control; procedures & records | | |

| Consumer Advisory | | | |
|-------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 25 | Consumer Advisory provided for raw/undercooked food | | |

| Highly Susceptible Populations | | | |
|--------------------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 26 | Pasteurized foods issued; prohibited foods not offered | | |

| | |
|-------------------------------------|--------------------------------------|
| Person In Charge (Signature) | Date: |
| Inspector (Signature) KC EHS II 008 | Follow-up: NO Follow-up Date: |



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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS/GOOD RETAIL PRACTICES

| Food/Color Additives and Toxic Substances | | | |
|---|--|-----|---|
| Compliance Status | Description | COS | R |
| 27 | Food additives; approved & properly used | | |
| 28 | Toxic substances properly identified, stored, & used | | |

| Conformance with Approved Procedures | | | |
|--------------------------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 29 | Compliance with variance/specialized process/HACCP | | |

| Safe Food and Water | | | |
|---------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 30 | Pasteurized eggs used where required | | |
| 31 | Water & ice from approved source | | |
| 32 | Variance obtained for specialized processing methods | | |

| Food Temperature Control | | | |
|--------------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 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 | | | |
|---------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 37 | Food properly labeled; original container | | |

| Prevention of Food Contamination | | | |
|----------------------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 38 | IN 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 | | |

| Proper Use of Utensils | | | |
|------------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 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 | | | |
|---------------------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 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 | | | |
|---------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 50 | Hot & cold water available; adequate pressure | | |
| 51 | Plumbing installed; proper backflow devices | | |

| | |
|-------------------------------------|--------------------------------------|
| Person In Charge (Signature) | Date: |
| Inspector (Signature) KC EHS II 008 | Follow-up: NO Follow-up Date: |



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| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS/GOOD RETAIL PRACTICES | | | | | |
| Physical Facilities | | | | | |
| 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 | | | |

| | |
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| OBSERVATIONS AND CORRECTIVE ACTIONS | | | | | |
| Item Number | | | | | |
| | NO VIOLATIONS REPORTED | | | | |
| INSPECTION NOTES | | | | | |
| 8-404.12- Operations of food establishment allowed to resume. No imminent health hazards noted during inspection. -No cockroaches dead or alive seen during inspection. -Grill area and dish-wash room has been cleaned and sanitized. -Continue to focus on these areas to keep clean from food debris and grease buildup. -Do not keep plates on second shelf of grills- find a new area to store them to prevent cross contamination. -Recommend weekly pest management treatments for 3 months unless otherwise noted by pest professionals. -Always follow guidance from licensed professionals. -Keep detailed copies of pest treatments available for all future inspections. -You will be a "high" risk category until you have at least 2 consecutive inspections without priority and priority foundation violations. | | | | | |

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