



**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 4

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations		Date
Establishment <i>Jireh's Bakery</i>		Address <i>113 Market St</i>		City/State <i>Bridgetowne</i>
License/Permit # <i>5108945</i>		Permit Holder <i>Jireh's Bakery LLC</i>		Purpose of Inspection <i>Routine</i>
Zip Code <i>19933</i>		Telephone <i>249-4507</i>		Score (optional)
Est. Type <i>PE</i>		Risk Category <i>Low</i>		No. of Repeat Risk Factor/Intervention Violations
				Time In <i>9:40</i>
				Time Out <i>11:25</i>

**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
<b>Supervision</b>			
<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager		X
<b>Employee Health</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events		
<b>Good Hygienic Practices</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use		
<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>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly supplied and accessible		
<b>Approved Source</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction		
<b>Protection from Contamination</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected		X
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces; cleaned & sanitized		

Compliance Status		COS	R
<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>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time and temperature		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking and disposition		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a Public Health Control; procedures & records		
<b>Consumer Advisory</b>			
<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>			
<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>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives; approved & properly used		
<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>			
<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**

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
<b>Safe Food and Water</b>			
<input checked="" type="radio"/> 30	Pasteurized eggs used where required		
<input checked="" type="radio"/> 31	Water & ice from approved source		
<input checked="" type="radio"/> 32	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
<input checked="" type="radio"/> 33	Proper cooling methods used; adequate equipment for temperature control		
<input checked="" type="radio"/> 34	Plant food properly cooked for hot holding		
<input checked="" type="radio"/> 35	Approved thawing methods used		
<input checked="" type="radio"/> 36	Thermometers provided & accurate		
<b>Food Identification</b>			
<input checked="" type="radio"/> 37	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
<input checked="" type="radio"/> 38	Insects, rodents, & animals not present		
<input checked="" type="radio"/> 39	Contamination prevented during food preparation, storage & display		
<input checked="" type="radio"/> 40	Personal cleanliness		
<input checked="" type="radio"/> 41	Wiping cloths: properly used & stored		
<input checked="" type="radio"/> 42	Washing fruits & vegetables		

		COS	R
<b>Proper Use of Utensils</b>			
<input checked="" type="radio"/> 43	In-use utensils: properly stored		
<input checked="" type="radio"/> 44	Utensils, equipment & linens: properly stored, dried, & handled		
<input checked="" type="radio"/> 45	Single-use/single-service articles: properly stored & used		
<input checked="" type="radio"/> 46	Gloves used properly		
<b>Utensils, Equipment and Vending</b>			
<input checked="" type="radio"/> 47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
<input checked="" type="radio"/> 48	Warewashing facilities: installed, maintained, & used; test strips		
<input checked="" type="radio"/> 49	Non-food contact surfaces clean		
<b>Physical Facilities</b>			
<input checked="" type="radio"/> 50	Hot & cold water available; adequate pressure		
<input checked="" type="radio"/> 51	Plumbing installed; proper backflow devices		
<input checked="" type="radio"/> 52	Sewage & waste water properly disposed		
<input checked="" type="radio"/> 53	Toilet facilities: properly constructed, supplied, & cleaned		
<input checked="" type="radio"/> 54	Garbage & refuse properly disposed; facilities maintained		
<input checked="" type="radio"/> 55	Physical facilities installed, maintained, & clean		
<input checked="" type="radio"/> 56	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *[Signature]* Date: *6-28-19*

Inspector (Signature) *SC, FHS II #1219* Follow-up:  YES  NO (Circle one) Follow-up Date: *10 days*



Inspection Report

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

License/Permit # 5108945

Date 6-28-19

Establishment: Jiro's Bakery

Address: 113 Market St.

City/State: Bridgeville

Zip Code: 19933

Telephone: 249-4507

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Priority Violations
380	(6-501.111) observed live mouse running out back door between large gap in doorway. Seal door to prevent pest entry.
48	(4-302.14) observed chlorine test strips to be expired in 2014. No test strips available to test concentration of sanitizer
15	(3-302.11) observed eggs stored directly over ready to eat products *repeat*
1	(2-101.11) no person in charge present with knowledge in food safety as evidenced by numerous dead roaches throughout facility, some covered in cobwebs due to lack of cleaning. No active managerial control demonstrated when asked about pest control program. Many commercial pest control items observed in flour storage room including ComDat roach traps and Rat X.
110	(4-601.11) observed large buildup of debris underneath mixer heads.
23	(3-501.17) observed numerous products stored in refrigeration to be without any date marking

Person in Charge (Signature) *[Signature]*

Date: 6-28-19

Inspector (Signature) SC, FHSII #219

Date: 6-28-19



Inspection Report

Page 3 of 4

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

License/Permit # 5108945

Date 6-28-19

Establishment Jreh's Bakery

Address 113 Market St

City/State Bridgeville

Zip Code 19933

Telephone 249-4507

OBSERVATIONS AND CORRECTIVE ACTIONS

IF  
PF

28 (7-202.12) observed household pesticide not approved for food establishment

16 (4-601.11) observed cutting boards with build up of grease and debris. Repair, replace or remove

Core Violations

39 (3-307.11) observed non-workers (youth) sitting in lounge chairs in food prep area. Non food workers are not allowed in food prep areas

40 (2-402.11) observed no hair restraints on any employee

2 (2-102.12) no certified food protection manager present in facility \*repeat\*

37 (3-302.12) observed food in unlabeled bins. All food taken out of containers must be labeled original

55 (6-101.11) observed unsealed wood shelving

(6-303.11) insufficient light available in kitchen for workers to see what they are doing

Person in Charge (Signature) X M [Signature]

Date: 6-28-19

Inspector (Signature) JC, EHS 11 #1219

Date: 6-28-19



Inspection Report

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

License/Permit # 5108945

Date 6-28-19

Establishment: Iran's Bakery Address: 113 Market St. City/State: Bridgetown Zip Code: 19933 Telephone: 249-4507

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number 55 (6-501.12) observed entire kitchen in need of good deep cleaning as evidenced by build up of debris on, around and underneath equipment.

28 (7-209.11) observed employee personal items stored in work areas

47 (4-501.11) observed back hood system to not be operational. Remove, replace or repair

P

(8-404.11) facility is being closed due to imminent health hazard of multiple pest infestation

Please have facility treated for all pests by professional pest control. Once treatment is complete and effective clean all food contact surfaces then call (302) 515-3300 for reopening inspection.

Cease and desist all operations until approved for reopening. Leave closure sign on door until removed by Health Dept.

a \$50.00 fee has been assessed due to repeat priority and core violations

Person in Charge (Signature) [Signature]

Date 6-28-19

Inspector (Signature) [Signature] #219

Date 6-28-19