



**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**

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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 <u>4</u>		Date <u>3/28/19</u>
		No. of Repeat Risk Factor/Intervention Violations <u>0</u>		Time In <u>12:50</u>
		Score (optional) <u>N/A</u>		Time Out <u>2:25</u>
Establishment <u>Ming Kitchen</u>	Address <u>17 Saxon Village Square</u>	City/State <u>Newark, DE</u>	Zip Code <u>19713</u>	Telephone <u>302-292-8889</u>
License/Permit # <u>N 983 004/exp: 4/1/19</u>	Permit Holder <u>N 983 004/exp: 4/1/19</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**

Compliance Status		COS		R	
<b>Supervision</b>					
1	IN/OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	IN/OUT N/A	Certified Food Protection Manager			
<b>Employee Health</b>					
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			
<b>Good Hygienic Practices</b>					
6	IN/OUT	Proper eating, tasting, drinking, or tobacco use	N/O		
7	IN/OUT	No discharge from eyes, nose, and mouth	N/O		
<b>Preventing Contamination by Hands</b>					
8	IN/OUT	Hands clean & properly washed	N/O		
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			
<b>Approved Source</b>					
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			
<b>Protection from Contamination</b>					
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			
<b>Time/Temperature Control for Safety</b>					
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			
<b>Consumer Advisory</b>					
25	IN/OUT N/A	Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>					
26	IN/OUT N/A	Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>					
27	IN/OUT N/A	Food additives: approved & properly used			
28	IN/OUT N/A	Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>					
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**

Compliance Status		COS		R	
<b>Safe Food and Water</b>					
30		Pasteurized eggs used where required			
31		Water & ice from approved source			
32		Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>					
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			
<b>Food Identification</b>					
37		Food properly labeled; original container			
<b>Prevention of Food Contamination</b>					
38	X	Insects, rodents, & animals not present			
39		Contamination prevented during food preparation, storage & display			
40		Personal cleanliness			
41	X	Wiping cloths: properly used & stored			
42		Washing fruits & vegetables			
<b>Proper Use of Utensils</b>					
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			
<b>Utensils, Equipment and Vending</b>					
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			
<b>Physical Facilities</b>					
50		Hot & cold water available; adequate pressure			
51		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: 3/28/19

Inspector (Signature) NCC-EHST-047 Follow-up: YES NO (Circle one) Follow-up Date: 3/29/19



### Food Establishment Inspection Report

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

License/Permit #  
N 98300413

Date 3/28/19

Establishment  
Mias Kitchen

Address  
1725 South Village Rd

City/State  
Newark, DE, DE

Zip Code  
19713

Telephone  
(302) 392-8889

#### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Ground Chicken by date</u>	<u>60°F</u>				
<u>egg salad by date</u>	<u>68°F</u>				
<u>Chopped pork</u>	<u>67.5°F</u>				
<u>Cooked noodles</u>	<u>67°F</u>				
<u>by 3-bay sink</u>					

#### OBSERVATION AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below or as stated in Section 8-405.11 of the Food Code

Item Number	Violations cited in this report must be corrected within the time frames below or as stated in Section 8-405.11 of the Food Code
<u>223</u>	<u>3-501.16 (P) All of the above items kept at room temperature for an extended time - 72 hours and were put in the walk-in to rapidly cool (cool)</u>
<u>23</u>	<u>3-5301.12 (PE) No food that was stored in the walk-in refrigerator date marked with date of preparation</u>
<u>21</u>	<u>3-501.16 (P) Wiping cloths used in sink</u>
<u>41</u>	<u>3-304.14 c Wiping cloths not kept in sanitizer between usage (date)</u>
<u>16</u>	<u>4-702.11 (P) Food prep sink being used for drying equipment and water is turned off, 3-compartment sink being used for prep. Food</u>
<u>49</u>	<u>4-601.11 was removed from the 3-bay sink and put in the walk-in refrigerator. Water was turned</u>
<u>53</u>	<u>6-202.11 on all food prep sink and drying racks was removed from it. (cool)</u>
<u>38</u>	<u>6-202.15 c Air gap under screen door. Door door left open allowing for entrance of vermin. Please obtain door sweep for door</u>

Person in Charge (Signature) X Liang

Date: 3/28/19

Inspector (Signature) NCC-EHST-047

Date: 3/28/19



### Inspection Report

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

License/Permit #  
N 913004

Date 3/28/19

Establishment  
Ming Kitchen

Address  
17 Salem Village

City/State  
Newark, DE

Zip Code

Telephone  
302-392-8889

#### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Description
38	6-501.111 (PF) Observed mouse running across floor into dry storage area. Mouse droppings observed in corner by water heater.
38	6-501.112 o Dead roaches observed in unused ice machine
14	F-404.11 (P) Closure due to imminent health hazard Pest infestation. Please clean and sanitize ice machine and dry storage area. Contact a pest control company/exterminator Show documentation that an exterminator was here.
	Please call the Health Dept for a reinspection (302) 283-7110.

Person in Charge (Signature) [Signature]

Date: 3/28/19

Inspector (Signature) NCC-E4521-047

Date: 3/28/19