



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	10	Date	4/11/19
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	3:45
		Score (optional)	N/A	Time Out	5:00
Establishment	Address	City/State	Zip Code	Telephone	
Mom's Place	201 N. Maryland Ave	Wilmington, DE	19804	(302) 771-0700	
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category	
NJ35120	Thomas Mastafa	Complaint	RC	Food	

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	
Supervision					
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A	Certified Food Protection Manager			
Employee Health					
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			
Good Hygienic Practices					
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			
7	IN OUT N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN OUT N/O	Hands clean & properly washed			
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			
Approved Source					
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			
Protection from Contamination					
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, conditioned & unsafe food			
Time/Temperature Control for Safety					
18	IN OUT N/A N/O	Proper cooking time & temperatures			
18	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			
Consumer Advisory					
25	IN OUT N/A	Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations					
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	IN OUT N/A	Food additives: approved & properly used			
28	IN OUT N/A	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
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

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

Safe Food and Water		COS		R	
30	Pasteurized eggs used where required				
31	Water & ice from approved source				
32	Variance obtained for specialized processing methods				
Food Temperature Control					
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					
37	Food properly labeled; original container				
Prevention of Food Contamination					
38	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					
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					
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					
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) *Thomas Mastafa*

Date: 4/11/19

Inspector (Signature) *Nick Felt - 138*

Follow-up: YES NO (Circle one) Follow-up Date: 4/3/19



Inspection Report

Page 2 of 2

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

License/Permit # N025120

Date 4-1-19

Establishment Mom's Pizza

Address 204 N. Maryland Ave Wilm, DE

City/State

Zip Code 19804

Telephone 302-777-0900

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	
	<u>Complaint</u>
	Complainant went to Mom's pizza [redacted]
	[redacted] Complainant states store was not cleaned and employee did not look clean. Also another employee was fixing a car outside the store and walked back into food area with dirty hands. Complainant [redacted] and then returned if because [redacted] looked old.
	<u>Observations</u>
	Upon inspection, inspector spoke with owner regarding complaint. During inspection, inspector determined establishment has gross unsanitary conditions. Inspector observed mouse droppings throughout entire establishment, including behind front end deep freezer, back prep table and dough sheeter, and dry food storage rack. Inspector observed dead roaches under 3comp sink and by dough mixer. Observed heavy food debris and grease saturation under, behind, between cookline equipment. Inspector observed old pizzas from the day prior not discarded, and spoiled/molded deli meats in reach-in. All refrigeration units need deep cleaning, all food contact and non food contact surfaces need cleaning. Observed bare hand, employees not washing hands, and employees not wearing hair restraints.
	*Establishment CLOSED for Imminent Health Hazard of gross unsanitary conditions. All violations and requirements to reopen are listed on routine inspection report that was completed in addition to complaint. *

Person in Charge (Signature) [Signature]

Date: 4-1-19

Inspector (Signature) NCC EHS II 043

Date: 4-1-19



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Food Establishment Inspection Report

Page 1 of 3

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations <u>8</u>	Date <u>4/1/19</u>
		No. of Repeat Risk Factor/Intervention Violations <u>5</u>	Time In <u>2:40</u>
		Score (optional) <u>N/A</u>	Time Out <u>5:20</u>

Establishment <u>Hot's Place</u>	Address <u>504 N. Maryland Ave</u>	City/State <u>Wilmington DE</u>	Zip Code <u>19804</u>	Telephone <u>(302) 377-0910</u>
License/Permit # <u>10025120</u>	Permit Holder <u>Thomas Housh</u>	Purpose of Inspection <u>Purchase</u>	Est. Type <u>FF</u>	Risk Category <u>Med</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS		R	
Supervision					
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager			
Employee Health					
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices					
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed			<input checked="" type="checkbox"/>
9	<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			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly supplied and accessible			<input checked="" type="checkbox"/>
Approved Source					
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated			
14	<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			
Protection from Contamination					
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected			<input checked="" type="checkbox"/>
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces: cleaned & sanitized			<input checked="" type="checkbox"/>

Compliance Status		COS		R	
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food			
Time/Temperature Control for Safety					
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures			
19	<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			
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time and temperature			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures			
22	<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="checkbox"/>
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking and disposition			
24	<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			
Consumer Advisory					
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations					
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used			
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
29	<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

Compliance Status		COS		R	
Safe Food and Water					
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required			
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source			
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing methods			
Food Temperature Control					
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control			
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding			
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used			
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate			
Food Identification					
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container			
Prevention of Food Contamination					
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present			<input checked="" type="checkbox"/>
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display			
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness			
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored			
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables			
Proper Use of Utensils					
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored			
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled			
45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use/single-service articles: properly stored & used			
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly			
Utensils, Equipment and Vending					
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips			<input checked="" type="checkbox"/>
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean			
Physical Facilities					
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure			
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices			
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed			
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned			
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained			
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, & clean			
56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature) [Signature] Date: 4/1/19

Inspector (Signature) [Signature] Follow-up: YES NO (Circle one) Follow-up Date: 4/3/19



Violations noted 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

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		License/Permit # <u>N025620</u>	Date <u>4/1/19</u>
Establishment <u>Morris Pizzeria</u>	Address <u>204 N. Maryland Ave</u>	City/State <u>Wilmington, DE</u>	Zip Code <u>19804</u> Telephone <u>(302) 777-0920</u>

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Front Pan Mame</u>					
<u>Cooked chicken Breast</u>	<u>51°F</u>				
<u>Cooked steak</u>	<u>41°F</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>22</u>	<u>2-501.16 (P) Food items listed above temperature above 41°F (P)</u>
<u>16</u>	<u>4-501.114 (P) No sanitizer available in Food Establishment (Bleach available (was))</u>
<u>48</u>	<u>4-501.17 (PP) Using wash section in 3 compartment to prep raw chicken breast.</u>
<u>10</u>	<u>5-205.11 (PP) Items inside handwashing sink on front line. (P)</u>
	<u>6-301.12 (P) No paper towels at handwashing sink.</u>
<u>48</u>	<u>4-302.14 (PP) No test strips available. (P)</u>
<u>15</u>	<u>3-302.11 (P) Eggs stored above vegetables in glass refrigerator case. (P) -Raw chicken prepped in wash section of 3 compartment sink. No sanitizer available to sanitize sink. And chicken prepped on drain board.</u>
<u>23</u>	<u>3-501.17 (PP) No date markings on deli meats</u>
	<u>3-501.14 (P) Deli meat (roast beef and corn beef) spoiled in white reach-in refrigerator. (discarded)</u>
<u>38</u>	<u>6-501.111 (P) Mouse droppings observed on floor next to chest freezer behind front counter, dough shaker, drug storage rack, back prep table and dead roaches observed also.</u>
	<u>6-200.15 (P) Observed several openings in doors (All doors) for pest entry.</u>
<u>8</u>	<u>2-301.14 (P) Employees were observed not washing hands. No cold water at hand sink due to plumbing issues. (P)</u>
<u>16</u>	<u>4-601.11 (PP) Prep tables, dough shaker, dough mixer, slicer and Trays on rack are all encrusted with food debris (P)</u>

Person in Charge (Signature) <u>[Signature]</u>	Date: <u>4/1/19</u>
Inspector (Signature) <u>NCL-ETSJ-U38</u>	Date: <u>4/1/19</u>



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Inspection Report

Page 3 of 3

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

License/Permit # N025120

Date 4/1/19

Establishment
Mom's Pizza

Address
204 N. Maryland Ave

City/State
Wilmington DE

Zip Code
19304

Telephone
(302) 777-0900

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	
9	3-301.11 (PP) Employee grabbed cooked chicken with bare hand to check temperature. (discarded)
38	6-212.15c Gap in all 3 doors. (P)
6	2-411.11c Cigarette observed on floor in back room with mop sink
55	6-511.12c Floors, walls and ceiling not clean. sauce splattered on walls. crumbs on floors
47	4-101.19c Cardboard on shelf under slicer + flour
56	6- 212 ³⁰⁷ .11c Light bulbs out
16	4-612.12c Microwave not clean. (P)
51	5-205.12 (P) hoses connected to mop sink
55	3-315.15c NO food prep sink
51	5-205.15c No cold water handle at front hand sink - Hot and cold water handle not working at hand sink near dough mixer - Mop sink leaking
7-404.11 (P)	Mom's Pizza is closed due to Imminent Health Hazard and gross unsanitary conditions. The following violations must be corrected prior to reopening: All plumbing repaired to hand sinks and mop sink. All food prep/contact areas cleaned. All floors, walls and ceiling cleaned. Sanitizer available and test strips. All pest droppings and dead ones removed. Pest service report that details service and entry points. Raw eggs stored properly on bottom shelf. Date markings on cooked or ready to eat foods. 3 compartment sink cleaned and sanitized properly. Grease on floor, and wall and equipment in line. Refrigerator cleaned. Contact Health Department prior to opening, for reinspection.

Re assessed due to repeat violations and non-compliance and reinspection

Person in Charge (Signature)

[Signature]

Date

4/1/19

Inspector (Signature)

WCV-EHS II-038

Date

4/1/19