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5/23/19
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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 5		Date 22 May 19
Establishment No 1 Chinese Rest		No. of Repeat Risk Factor/Intervention Violations 0		Time In 12:30
Address 1208 F Lebanon		Score (optional) 8		Time Out 4:15
City/State Dover DE	Zip Code 19901	Telephone 202 677-1968		
License/Permit # K182196	Permit Holder Kong Ye	Purpose of Inspection Routine	Est. Type FE	Risk Category Med

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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			X
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			X
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			
Time/Temperature Control for Safety					
18	IN OUT N/A N/O	Proper cooking time & temperature			
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 temperature			
22	IN OUT N/A N/O	Proper cold holding temperature			
23	IN OUT N/A N/O	Proper date marking and disposition			X
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			X
Conformance with Approved Procedures					
29	IN OUT N/A	Compliance with variance/specialized process/HACCP			

Risks 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		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	X	Insects, rodents, & animals not present			
39	X	Contamination prevented during food preparation, storage & display			X
40		Personal cleanliness			
41	X	Wiping cloths: properly used & stored			X
42		Washing fruit & vegetables			
Proper Use of Utensils					
43		In-use utensils: properly stored			
44		Utensils, equipment & linens: properly stored, dried, & handled			
45	X	Single-use/single-service articles: properly stored & used			X
46		Gloves used properly			
Utensils, Equipment and Vending					
47	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48	X	Warewashing facilities: installed, maintained, & used; test strips			
49		Non-food contact surfaces clean			
Physical Facilities					
50		Hot & cold water available; adequate pressure			
51	X	Plumbing installed; proper backflow devices			
52		Sewage & waste water properly disposed			
53		Toilet facilities: properly constructed, supplied, & cleaned			
54	X	Garbage & refuse properly disposed; facilities maintained			
55	X	Physical facilities installed, maintained, & clean			X
56	X	Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature) _____ Date: 22 May/19

Inspector (Signature) KC - HPC #007 Follow-up: YES NO Follow-up Date: _____

(Circle one)

TBD



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 # K18219L

Date 22 May 19

Establishment <u>No 1 Chinese Rest</u>	Address <u>17085 E. Lehman rd</u>	City/State <u>Dover DE</u>	Zip Code <u>19901</u>	Telephone <u>302 677-1968</u>
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OBSERVATIONS 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>Water Temp: 120.</u>
<u>OS P 28p</u>	<u>(7-201.11) observed soap stored over top of Rice in storage Room (corrected on site)</u>
<u>Repeat P (OK)</u>	<u>3. (2-201.11) observe no employee Health forms on file * All employees that prep/cook food must have form accessible at location for all future inspections. * Gave Blank copy of form.</u>
<u>P (OK)</u>	<u>51 (5-205.15) observed Plumbing issue at kitchen Handwash sink. +PIC Has to turn water on under sink * Please correct: Have sink fixed by prior to reopening</u>
<u>Repeat P (OK)</u>	<u>15 (3-302.11) observed Raw over Ready to eat items: * eggs over oranges + raw chicken over Bean sprouts</u>
<u>(OK)</u>	<u>16 (4-602.11) observed contaminated utensils Being stored for use Between tables</u>
<u>PF (OK)</u>	<u>18 (7-102.11) observed chemical spray Bottle not labeled at 3 Bowl sink + All chemicals shall be properly labeled in establishment</u>
<u>Repeat PF (OK)</u>	<u>23 (3-501.17) observed no Date marking in walk in unit all: Items removed from original container shall have a Date Mark prior to the next day. Please start using the 1st in 1st out method.</u>
<u>PF (OK)</u>	<u>28 (7-202.12) observed fly strips In use over top of 3 Bowl sink * Please remove *</u>
<u>P</u>	<u>16 (4-501.14) observed sanitizer Bucket above 200ppm (chlorine) * sanitizer Bucket shall be Between 50-100ppm (chlorine)</u>

Person in Charge (Signature) [Signature]

Date: 22 May 19

Inspector (Signature) KC-HPC #007

Date: 22 May 19



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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 # <u>K182196</u>	Date <u>22 May 19</u>
Establishment <u>NO Chinese rest</u>	Address <u>17085 E Lebanon rd</u>	City/State <u>Dover DE</u>	Zip Code <u>19901</u> Telephone <u>302 677-1968</u>

OBSERVATIONS AND CORRECTIVE ACTIONS

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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>38</u>	<u>(6-501.11) observed Roaches in establishment: observed Nymphs and Adult Roaches in Bath Bathroom & in Prep area: In various stages of development Bath Dead & Alive.</u>
<u>48</u>	<u>(4-302.14) observed no sanitizer test strips in establishment establishment is using Chlorine as a sanitizer</u>
<u>55</u>	<u>(6-501.16) observed Mop Not Air Drying in Mop Bucket + Mop shall Be Hung to Air Dry After use</u>
<u>38</u>	<u>(6-202.15) observed Pest Not Being Protected at Rear Door + At Base of screen Door 1/2 to 1 inch space was observed Please seal opening to prevent Pest from entering establishment</u>
<u>41</u>	<u>(3-304.14) observed Damp wiping clothes Not Being Stored in sanitizer solution Between use. (Prep station / Cook line)</u>
<u>45</u>	<u>(4-502.13) observed single use Items Being reused: Card Board Being Reused as lids / Holding containers / storage Bins / shelf liners + Card Board shall Be Discarded after use</u>
<u>16</u>	<u>(4-601.11) observed food contact surfaces Not clean: * 16 Numerous Bowls Being used as scoops: scoops shall have handles</u>
<u>39</u>	<u>(3-305.11) observed uncovered food items in All Cold Hold storage units: All Items in Deli case / Walkin / Freezer shall Be covered to Prevent cross contamination</u>

Person in Charge (Signature) <u>[Signature]</u>	Date: <u>22 May 19</u>
Inspector (Signature) <u>KC HPC #007</u>	Date: <u>22 May 19</u>



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

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Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		License/Permit # <u>K182196</u>	Date <u>22 May/9</u>
Establishment No <u>106</u>	Address <u>Chinese Rest 1708 East Lebanon</u>	City/State <u>Dover DE</u>	Zip Code <u>19901</u> Telephone <u>302 677-1968</u>

OBSERVATIONS 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
(3-304.13) OK	observed cloth napkins in walk-in. Being used to cover food items in walk-in
56 OK	(6-202.11) observed light Bulb shield messy. * Please replace to prevent glass from contaminating food.
55 OK	(6-501.12) observed ceiling tiles over top 3 Bowl sink/ Prep area in need of cleaning
56 OK	(6-501.14) observed Hood system intake/filter needs cleaning * observed grease-circles forming on Base of filters * Please Replace Messy Filter, Prior to reinspection
47 OK	(4-501.11) observed seal to walk-in needing to Be replaced
55 OK	(6-201.11) observed numerous tiles in establishment that shall Be Replaced / Repaired: All surfaces shall Be smooth & easily cleanable.
54. OK	(5-501.114) observed Waste/Dumpster area Not Maintained * observed large amount of food Debris Present Around unit. * observed area in need of cleaning Due to Grease & oil Build up.
<p>you are Being assessed a Reinspection fee of \$50.00 for repeat violations on 2 July 18</p> <p>(8-404.11) Ceasing operations due to imminent Health hazard * observation of Roaches in Bathroom & Kitchen Area * No managerial control of Pest in establishment * You are Being ordered to stop all food preparation preparations until you are Reopened By the Health Department</p>	

Person in Charge (Signature) <u>[Signature]</u>	Date: <u>22 May/9</u>
Inspector (Signature) <u>KC - HPC #007</u>	Date: <u>22 May/9</u>



Inspection Report

Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901		License/Permit # <u>K182196</u>	Date <u>22 May/19</u>
Establishment <u>W / Chinese Rest</u>	Address <u>17085-E Lebanon Rd</u>	City/State <u>Dover DE</u>	Zip Code <u>19901</u> Telephone <u>302 677-1968</u>

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions
	(PM) (V)
*	You are being directed to have a Pest Management Professional (Licensed in Delaware) service this establishment prior to being reopened for Pest
*	All food/ items ^{non food} not presently being held in walk in shall be removed from establishment to prevent cross contamination from Pest treatment
*	You will clean all surfaces after a PM has serviced location. You will take additional Guidance from PM professional (equipment sides / under equipment)
*	Prior to Reopening establishment will be free of Pest Both Dead & Alive.
*	During write up, I observed Pest management walk in establishment. Viking Pest management re-control
*	All P/PF/ core violations will be corrected prior to reopening of this establishment.
*	All Documentation from Pest Management Company will be made available at Reopening inspection
*	You will be moved from a medium category to a High. which means you will be inspected every 3-4 months (3-305.15) observed no prep sink in establishment a prep sink will need to be installed to be current with the present Delaware food code. You can request a Variance Variance Request form Given - 10 day to Turn in Request

Person in Charge (Signature) _____	Date: <u>22 May/19</u>
Inspector (Signature) <u>KC HPC # C07</u>	Date: <u>22 May/19</u>