



**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>0</u>	Date	<u>6/15/19</u>
		No. of Repeat Risk Factor/Intervention Violations	<u>0</u>	Time In	<u>1:45</u>
		Score (optional)	<u>NA</u>	Time Out	<u>3:30</u>
Establishment	Address	City/State	Zip Code	Telephone	
<u>New York Fried Chicken</u>	<u>3060 New Castle Ave</u>	<u>New Castle, DE</u>	<u>19720</u>	<u>636-1161</u>	
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category	
<u>N130245 / Exp. 11/20</u>	<u>Mahmud Abdel Karim</u>	<u>Follow up</u>	<u>FE</u>	<u>Med</u>	

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Compliance Status			COS	R	Compliance Status		COS	R
<b>Supervision</b>								
1	IN	Person in charge present, demonstrates knowledge, and performs duties			17	IN		
2	IN	Certified Food Protection Manager			<b>Time/Temperature Control for Safety</b>			
<b>Employee Health</b>								
3	IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting			18	IN		
4	IN	Proper use of restriction and exclusion			19	IN		
5	IN	Procedures for responding to vomiting and diarrheal events			20	IN		
<b>Good Hygienic Practices</b>								
6	IN	Proper eating, tasting, drinking, or tobacco use			21	IN		
7	IN	No discharge from eyes, nose, and mouth			22	IN		
<b>Preventing Contamination by Hands</b>								
8	IN	Hands clean & properly washed			23	IN		
9	IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			24	IN		
10	IN	Adequate handwashing sinks properly supplied and accessible			<b>Consumer Advisory</b>			
<b>Approved Source</b>								
11	IN	Food obtained from approved source			25	IN		
12	IN	Food received at proper temperature			<b>Highly Susceptible Populations</b>			
13	IN	Food in good condition, safe, & unadulterated			26	IN		
14	IN	Required records available: shellstock tags, parasite destruction			<b>Food/Color Additives and Toxic Substances</b>			
<b>Protection from Contamination</b>								
15	IN	Food separated and protected			27	IN		
16	IN	Food-contact surfaces; cleaned & sanitized			28	IN		
<b>GOOD RETAIL PRACTICES</b>								
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								
<b>Safe Food and Water</b>								
30		Pasteurized eggs used where required			<b>Proper Use of Utensils</b>			
31		Water & ice from approved source			43	C		
32		Variance obtained for specialized processing methods			44			
<b>Food Temperature Control</b>								
33		Proper cooling methods used; adequate equipment for temperature control			45			
34		Plant food properly cooked for hot holding			46			
35		Approved thawing methods used			<b>Utensils, Equipment and Vending</b>			
36		Thermometers provided & accurate			47	X		
<b>Food Identification</b>								
37		Food properly labeled; original container			48			
<b>Prevention of Food Contamination</b>								
38	E	Insects, rodents, & animals not present			49			
39	E	Contamination prevented during food preparation, storage & display			<b>Physical Facilities</b>			
40		Personal cleanliness			50			
41	X	Wiping cloths: properly used & stored			51	C		
42		Washing fruits & vegetables			52			
<b>Person in Charge (Signature)</b> <u>Mahmud Abdel Karim</u> Date: <u>6/15/19</u>								
<b>Inspector (Signature)</b> <u>NCC-EHSD-046</u> Follow-up: <u>YES</u> NO (Circle one)      Follow-up Date: <u>7/5/19</u>								

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.





**Inspection Report**

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

License/Permit # N130245 / exp. 11/1/20

Date 6/13/19

Establishment New York Fried Chicken

Address 3060 New Castle Ave.

City/State New Castle, De

Zip Code 19720

Telephone 656-1161

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Description
	The following violations have been corrected:
22	3-501.16 (P) All TCS food items inside the refrigeration units were found with temperature below 41°F.
8	2-301.15 (PF) Employee were educated to only wash hands at hand wash sink not at food prep sink or 3 compartment sink.
23	3-501.17 (PF) All prep salads and food items prepared in advance were found properly date marked.
10	5-205.11 (PF) Hand wash station was replaced with a new NSF stainless steel hand sink and is fully accessible.
28	7-202.12 (P) Non approved for commercial kitchen pest chemicals were removed from facility.
38	6-501.111 (PB) - Observed a significant reduction of flies throughout the food establishment. - Rodent droppings have been properly cleaned and areas sanitized after cleaning.
	6-202.15 (C) Back door and screen door have been properly repaired, and <sup>with</sup> No gap observed on bottom sides, or top of doors.
	6-202.13 (C) Fly strips were removed from food prep area and relocate in a remote area away from food.
39	3-305.11 (C) Observed all food items 6" inches off the floor.
4B	3-304.12 (C) New scoop with handle are available and placed in the right 45° position.
43	3-304.12 (C) Knife were found properly stored not between equipment.

Person in Charge (Signature) Michael Abdolkarim

Date: 6/13/19

Inspector (Signature) NCC-EHSJ-046

Date: 6/13/19



**Inspection Report**

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

License/Permit # N130245 exp. 1/1/20

Date 6/15/19

Establishment New York Fried Chicken

Address 3666 New Castle Ave

City/State New Castle, DE

Zip Code 19720

Telephone 638-1161

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number

~~28~~ ~~7-202.12~~

51 5-205.15 C Plumbing leaks have been repaired.

55 6-501.14 C Unused equipment and litter have been removed from facility.

The following violations ~~have~~ <sup>needs</sup> to be address:

41 3-304.14 C Wiping cloth held in a sanitizer solution <sup>top</sup> needs tube available for cleaning.

47 4-501.11 C Walkin box door have an open gap on bottom that needs to be sealed.

55 6-501.11 C Continue working to replaced ceiling tiles and seal any hole on walls or ceiling.

8-404.11 (P) Food establishment was closed due to imminent health hazard and gross insanitary conditions. Owner and Pest Control Company "Viking Pest Control" worked to seal entry points, restaurant was treated, new traps placed in different locations and a thorough cleaning was performed on the entire food establishment. Inspecta did not observed rodent droppings in food establish ment. Pest control report was sent to inspector email. Pest control company identified the back door as the food establishment pest entry. Door have been repaired with no visible gaps.

Person in Charge (Signature) [Signature]

Date: 6/18/19

Inspector (Signature) NCC-EHS II-046

Date: 6/18/19





**Inspection Report**

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

License/Permit # N130245/exp. 1/1/20 Date 6/18/19

Establishment New York Fried Chicken Address 3060 New Castle Ave City/State New Castle, De Zip Code 19770 Telephone 656-1161

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number

Note: Food Establish management needs to continue maintaining facility clean, conduct inspection to make sure no pest are coming inside the facility. Continue working with pest control company in a way weekly basis, until problems are solved.  
Need to removed all wood pallets from dry storage area and clean behind walk in box.  
  
\* Food establish is approved to fully operate.  
Reinspection on July 8, 2019

Person in Charge (Signature)

*Michael Abdelkarim*

Date:

6/18/19

Inspector (Signature)

NCC-EHSD-046

Date:

6/18/19