

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 of									
Del	aware Division of Public Health	No. of Risk Factor/Intervention Violations Date								
	ce of Food Protection	No. of Repeat Risk Factor/Intervention Violations Time In								
417	Federal St., Dover, DE 19901	Score (optional) Time Out								
	blishment Address		Ci	ty/Stat	e	Zip Code		Telephone		
	ild rown Buret "12 16 20 5 6 overnors	44,	1		DOVEY, DE	195		730 - 1168		
	nse/Permit # Permit Holder OR 1000 But (1) C.		Pι		of Inspection	Est. Type	T.	Risk Category		
	FOODBORNE ILLNESS RISK FACTO)R	SA			ONS	C	med		
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered			IND I	Mark "X" in appro	_	for CO	S and/or D		
IN=	in compliance OUT=not in compliance N/O=not observed N/A=not			ble	COS=corrected on-site du			R=repeat violation		
C	ompliance Status	cos R Compliance Status								
	Supervision			17	IN OUT Proper disposition		, previo	ously served,/		
1 11	NOUT Person in charge present, demonstrates knowledge, and	reconditioned & unsafe food								
2 11	performs duties NOUT N/A Certified Food Protection Manager			10	Time/Temperatu			fety		
2 11	Employee Health	_	4		IN OUT N/A N/O Proper cooking tim IN OUT N/A N/O Proper reheating p			holding		
	Management food employee and soudificable males		Т	20	IN OUT N/A N/O Proper cooling time	and temp	erature	noiding		
	knowledge, responsibilities and reporting				IN OUT N/A N/O Proper hot holding					
	OUT Proper use of restriction and exclusion				IN OUT N/A N/O Proper cold holding					
5 11	NOUT Procedures for responding to vomiting and diarrheal events		Ш		IN OUT N/A N/O Proper date markin					
6 11	Good Hygienic Practices NOUT N/O Proper eating, tasting, drinking, or tobacco use		-	24	IN OUT N/A N/O Time as a Public H	- POINTER	-	cedures & records		
	NOUT N/O No discharge from eyes, nose, and mouth			25	IN OUT N/A Consumer advisory	er Adviso		hundere solved from		
	Preventing Contamination by Hands			25	Highly Susce		COLUMN TO SERVICE DE LA COLUMN TO SERVICE DESTRUCTURA DE LA COLUMN TO SERVICE	ACCUSES.		
8 11	OUT N/O Hands clean & properly washed			26	IN OUT N/A Pasteurized foods					
9 11	OUT N/A N/O No bare hand contact with RTE food or a pre-approved				Food/Color Additive		-			
	alternative procedure properly allowed NOUT Adequate handwashing sinks properly supplied and accessible				IN OUT N/A Food additives: app	proved & p	roperly	used		
TOTIF	Adequate handwashing sinks properly supplied and accessible Approved Source	_	_	28	IN OUT N/A Toxic substances p					
11 11	OUT Food obtained from approved source			00	Conformance with					
12 IN	OUT N/A N/O Food received at proper temperature		F	[29]	IN OUT N/A Compliance with va	rriance/spe	cialize	d process/HACCP		
	OUT Food in good condition, safe, & unadulterated	1		_ [_			
14 IN	OUT N/A N/O Required records available: shellstock tags,			1	Risks factors are important practic	00 OF DE000	duros i	dentified as the most		
1	parasite destruction		1		prevalent contributing factors of fo					
15 IN	Protection from Contamination OUT N/A N/O Food separated and protected		7	1	interventions are control measures to	prevent fo	odborn	e illness or injury.		
	OUT N/A Food-contact surfaces; cleaned & sanitized	1		× 1						
	GOOD RE	TA	II.	PRAC	TICES					
	Good Retail Practices are preventative measures to control	the	add	lition o	pathogens, chemicals, and physical	al objects i	nto food	ds		
Mark	"X" in the box if numbered is not in compliance Mark "X" in appropriate box for	ог (cos	and/or	R COS=corrected on-site during			R=repeat violation		
		cos	R					COS R		
_	Safe Food and Water				Proper Us	e of Uten	sils			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored					
31	Water & ice from approved source			44	Utensils, equipment & linens: pro	operly stor	ed, drie	ed, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service article	s: properly	stored	& used		
17	Food Temperature Control			46	Gloves used properly					
33	Proper cooling methods used; adequate equipment for				Utensils, Equip	ment and	Vendir	ng		
	temperature control			24	Food & non-food contact surface					
34	Plant food properly cooked for hot holding			47	designed, constructed, & used	30 0.04.102	.о, р.ор			
35	Approved thawing methods used			48	Warewashing facilities: installed	, maintaine	d, & us	sed; test strips		
36	Thermometers provided & accurate			49	Non-food contact surfaces clear					
	Food Identification					l Facilities	3			
37	Food properly labeled; original container			50	Hot & cold water available; aded					
	Prevention of Food Contamitation			51	Plumbing installed; proper backf					
38	Insects, rodents, & animals not present		7	52			-			
39	Contamination prevented during food preparation, storage & display		X		Sewage & waste water properly					
	7			53	Toilet facilities: properly construc					
40	Personal cleanliness			54	Garbage & refuse properly dispo			ntained		
41	Wiping cloths: properly used & stored			55	Physical facilities installed, main	tained, & c	lean			
42	Washing fruit & vegetables			56	Adequate ventilation & lighting;	designated	areas	used		
	1 = +						T :	= 1 =		
Perso	n in Charge (Signature)				Dat	91 2	11	9/19		
	A second									
	1100 1100				Control Contro	w-up Date	: T	21		
Inspe	ctor (Signature) HAC #607 EI STILL	Y	10		Circle one)			ULY		

				Inspect	ion Report			Page 2 of
	e Division Systems Pr	of Public Hea	lth	•		Kobbas	D	ate 3/19/19
417 Fede	eral St., Do	over, DE 1990	Address					
		Butlet	TUSO 5	larner nois	Ave	Dover, DE	Zip Code	Telephone 1148
	1			OBSERVATIONS	AND CORRECTIV	E ACTIONS		
Item Number				Com	plaint			
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	and	extre	nely g	reiss un	isanitary	condition	S	
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	1	13						
Person in C	Charge (Sign					-	Date: 19140	19
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ector (S	Signature)	FIFE Q	21,14	DIUC	7		Date: / ///	WIT



Violation ed 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 Inspe	ection F	Report Pag	ge 3 of L
Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		License/Permit #	KOL	04898 Date.	3/19/19
Establishment Buffet	Address	CONMINOIS AVE City/State	over. D	E Zip Code 19904	750 - 11 (08
		TEMPERATURE OBSERVATI	IONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
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/				/	
		OBSERVATION AND CORRECTIVE	ACTIONS	No.	
Violations cite	d in this repor	t must be corrected within the time frames be		ed in Section 8-405.11 of the Food	Code
Item Number	·	*			
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Person in Charge (Signature)	7	1	· · · · · · · · ·	Date: 3	1111
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nspector (Signature)	007	CH34	4008	Date: 3	



Violation ed 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 of										
Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901			License/Permit #	1000	6898	Date 3/19/19				
Establishment OLA TOWN BUHET	Address	. GOVERNOIS /	City/State	over.	Zip Code	04 Telephone 1168				
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		OBSERVATION AN	ID CORRECTIVE	ACTIONS						
Item Violations clt	ed in this repor				ted in Section 8-405.11 of the	ne Food Code				
Number										
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* Any future	764	ear violai	hous w	41) (esult inu	TP150				
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Person in Charge (Signature)					Date: 14	Mar 19				
1100 A	. 711	111			10	11 10				
nspector (Signature) HPC #007; FHS ^I #008 Date: 19 Mor/9										



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	Food Establishm	е	nt	: Ir	ıs	pection	n Rep	ort		- P:	age	of
	elaware Division of Public Health	No. of Risk Factor/Intervention Violations Date 3 2011										
	ffice of Food Protection	No. of Repeat Risk Factor/Intervention Violations Time In										
	7 Federal St., Dover, DE 19901 tablishment Address	L	La				S	Score (o	otional)	0	Time Out	235
(old Town bullet Address Coovernor		A	ty/S	tate	DOV.	er.D	6	Zip Code	OL	Telephone	
Lie	Permit Holder NOULE 898 Permit Holder NOULE 898 Permit Holder		P	ırpo		f Inspection		- Ullow	Est. Typ	ę_	Risk C	ategory
	FOODBORNE ILLNESS RISK FACTO	R	SA	ND	PII	BLIC HEAL	THINTED	VENTIC	SINC	0 .	IN	(6
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered	ite	m			DEIO HEAL				for CO	S and/or R	
11	N= in compliance OUT=not in compliance N/O=not observed N/A=not			ble		COS:	=corrected o				R=repeat	violation
		CO	S R		Co	ompliance St	atus					cos
	Supervision		,	1	7 10	N OUT	Proper disp	position c	of returned	d, previo	ously served,	/
1	IN OUT Person in charge present, demonstrates knowledge, and performs duties				1		recondition Time/Ten			l for Sa	fatre	_/_
2	IN OUT N/A Certified Food Protection Manager			1	8 11	OUT N/A N/O					iety	/ 11
	Employee Health		<u>'</u>	1	9 IN	OUT N/A N/O	Proper rehe	eating pro	ocedures	for hot	holding /	
3	IN OUT Management, food employee and conditional employee; knowledge, responsibilities and reporting			2	4I 0	OUT N/A N/O	Proper coo	ling time	and temp	erature		
4	IN OUT Proper use of restriction and exclusion	_	-	2	1 11	OUT N/A N/O	Proper hot	holding t	emperatu	re	_/_	
5	IN OUT Procedures for responding to vomiting and diarrheal events			2	3 IN	OUT N/A N/O	Proper date	a nolding	temperat	ure accition	/	
	Good Hygienic Practices			2	4 IN	OUT N/A N/O	Time as a F	Public He	ealth Cont	rol: pro	cedures & re	cords
_	IN OUT N/O Proper eating, tasting, drinking, or tobacco use								er Adviso			oordo
-	IN OUT N/O No discharge from eyes, nose, and mouth Preventing Contamination by Hands			2	5 IN	OUT N/A	Consumer	advisory	provided'	for raw	undercooke	d food
8	IN OUT N/O Hands clean & properly washed	-			al 18	LOUTANA			otible Po			
	IN OUT N/A N/O No bare hand contact with RTE food or a pre-approved	H		21	5] IIV	OUT N/A	Pasteurized pod/Color A				oods not offe	red
	alternative procedure properly allowed			2	ZIN	OUT N/A	Food addition					
10	IN OUT Adequate handwashing sinks properly supplied and accessible					OUT N/A					stored, & us	ed
11	Approved Source IN OUT Food obtained from approved source						Conformand	ce with A	Approved	Proce	dures	
	IN OUT N/A N/O Food received at proper temperature	_		29	9 IN	OUT N/A	Compliance	e with var	riance/spe	ecialized	process/HA	CCP
	IN OUT Food in good condition, safe, & unadulterated				+		_/_					
14	N OUT N/A N/O Required records available: shellstock tags,											
^:	parasite destruction					Risks factors prevalent contr	are importan	nt practice	s or proce	edures id	dentified as the	ne most
15	Protection from Contamination N OUT N/A N/O Food separated and protected	_			(nterventions ar	re control mea	asures to	prevent fo	odborne	illness or inj	ury.
	N OUT N/A Food-contact surfaces; cleaned & sanitized	-	+		1	1/				-		
	GOOD RE	ΓΔ	III.	PRA	CT	ICES						
	Good Retail Practices are preventative measures to control to	he	add	ition	of p	athogens, che	emicals, and	l physical	obiects in	nto food	ls.	
Mar	k "X" in the box if numbered is not in compliance Mark "X" in appropriate box for	ir C	cos	and/d	or R		corrected on-s				R=repeat	violation
		cos	R									cos a
	Safe Food and Water	X					Pro	oper Use	of Uten:	sils		
30	Pasteurized eggs used where required			43	3	In-use utens	ils: properly	stored				
31	Water & ice from approved source			44		Utensils, equ	uipment & lin	nens: pro	perly store	ed, drie	d, & handled	
32	Variance obtained for specialized processing methods			45	i	Single-use/si	ingle-service	e articles:	properly	stored	& used	
	Food Temperature Control			46	1	Gloves used	properly					
33	Proper cooling methods used; adequate equipment for temperature control						Utensils	, Equipn	nent and	Vendin	g	
34	Plant food properly cooked for hot holding			47		Food & non-	food contact	t surfaces				
-	* /			-		designed, co	nstructed, &	k used				
35	Approved thawing methods used			48	-	Warewashing	g facilities: ir	nstalled, i	maintaine	ed, & us	ed; test strips	3
36	Thermometers provided & accurate			49		Non-food cor	ntact surface	es clean				
	Food Identification					U = U	P	Physical	Facilities	3		
37	Food properly labeled; original container			50		Hot & cold w	ater availabl	le; adequ	ate press	ure		
-	Prevention of Food Contamitation			51		Plumbing ins	stalled; prope	er backflo	w device	s		
38	Insects, rodents, & animals not present			52		Sewage & wa	aste water p	roperly d	isposed			
39	Contamination prevented during food preparation, storage & display			53		Toilet facilitie	es: properly o	construct	ed, suppli	ied, & cl	leaned	
40	Personal cleanliness			54		Garbage & re						
41	Wiping cloths: properly used & stored			55		Physical facil						7
42	Washing fruit & vegetables			56		Adequate ver					ised	
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Pers	on in Charge (Signature)			-			*	Date:	3)	20	13	
	11 m 1 3// - 1				Foll	ow-up: YE	S NO	Follow	-up Date:		RI	
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		on Report			Page of	
Health S 417 Fede	e Division of Public Health ystems Protection eral St., Dover, DE 19901	License/Permit#	G66898		Date 20 Hw 19	
Establish	town Buttet CO 16465 GOVERNOR	City/State	DF	Zip Code	Telephone	11600
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Item Number						
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nspector (5	Signature) 1410 to 05 EHS # 400		Date	20 M	w/9	
1	THE STATE OF THE		Date			



		Inspe	ction Report			Page of
Health S	e Division of Public Health ystems Protection eral St., Dover, DE 19901		License/Permit #	K06689	8	Date 3 60 19
Establish	Town Bullet	Address 1650 S. Govern	Clty/State	ver. DE	Zip Code	4 Telephone 750-1168
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Item Number	To T	Do IK	4			
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