



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>2</u>		Date <u>4/12/19</u>	
		No. of Repeat Risk Factor/Intervention Violations <u>0</u>		Time In <u>1050</u>	
Establishment <u>Single Garden</u>		Address <u>3603 N Dupont Hwy</u>		City/State <u>Dover, DE</u>	
License/Permit # <u>K930317</u>		Permit Holder <u>1019</u>		Zip Code <u>19901</u>	
Purpose of Inspection <u>Routine Compliance</u>		Est. Type <u>FE</u>		Telephone <u>301-3537</u>	
Risk Category <u>Med</u>					

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	Compliance Status		COS	R
Supervision							
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Person in charge present, demonstrates knowledge, and performs duties				Proper disposition of returned, previously served, conditioned & unsafe food			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Time/Temperature Control for Safety			
Certified Food Protection Manager				18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Employee Health							
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time & temperature			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT			20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper use of restriction and exclusion				Proper reheating procedures for hot holding			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT			21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Procedures for responding to vomiting and diarrheal events				Proper cooling time and temperature			
Good Hygienic Practices							
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use				Proper hot holding temperature			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
No discharge from eyes, nose, and mouth				Proper cold holding temperature			
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Hands clean & properly washed				Proper date marking and disposition			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Consumer Advisory			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Consumer advisory provided for raw/undercooked food			
Adequate handwashing sinks properly supplied and accessible				Highly Susceptible Populations			
Approved Source							
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT			26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food obtained from approved source				Pasteurized foods used; prohibited foods not offered			
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food/Color Additives and Toxic Substances			
Food received at proper temperature				27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Food additives: approved & properly used			
Food in good condition, safe, & unadulterated				28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
14	<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			
Required records available: shellstock tags, parasite destruction				Conformance with Approved Procedures			
Protection from Contamination							
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food separated and protected				Compliance with variance/specialized process/HACCP			
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			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.			
Food-contact surfaces; cleaned & sanitized							

GOOD RETAIL PRACTICES

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

Person In Charge (Signature) _____

Date: 4/12/19

Inspector (Signature) ETH #008 / APC #007

Follow-up: YES NO

Follow-up Date: 14 April



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

1000/Sunday

Inspection Report

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

License/Permit # K980317

Date 12 April 19

Establishment Olive Garden

Address 223 N. Dupont Hwy

City/State Dover DE

Zip Code 19901

Telephone 302 734-5837

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	
+	USDA Complaint Data for Complaint #04-06-2019-000522
-	On April 8 th , our office received a complaint for an incident that occurred [redacted] Complaint [redacted]
	While eating our meal at Olive Garden in Dover we saw roaches on the wall behind our table and one run across the table. We told our server, he stated that's the first time he saw roaches in the restaurant [redacted]
*	During inspection / Investigating we observed Both Dead & Live roaches in kitchen area (Went station, Ware wash area, Prep area)
*	observed - over 5 Live Roaches (Bar / By Hand sink / Electric Box / office) - over 5 Dead Roaches (through out kitchen & Bar)
+	PIC was able to Provide Pest management Log Book; Eco 1-17 has been servicing Establishment last treatment 12 April / 5 April / 29 Mar / 5 Mar
+	This is a valid Complaint for Roaches.
*	(38) 6-501.111 observed Both Nymphs & Adult Roaches in this establishment (Kitchen & Bar areas)
*	(8-404.11) Cease & Resist all food operations due to imminent health Hazard
*	Please Have Licensed Pest management Professional service Food establishment to include seating area.
+	Please take all Pest management Guidance to treat & prevent future infestation, from Licensed Pest Management
*	Establishment will be free of Roach Roaches Both Dead & ALIVE
+	Establishment needs to be cleaned & Sanitized Prior to Being Reopened

Person in Charge (Signature)

Date: 12 April 19

Inspector (Signature) HPC #007; EHS I 008

Date: 12 April 19



Inspection Report

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

License/Permit # K980317

Date 12 April 19

Establishment Olive Garden

Address 263 W. DuPont Hwy

City/State Dover DE

Zip Code 19901

Telephone 302 734-5837

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	
*	All food debris will need to be removed from walls + from under equipment / Tables.
*	Food debris under warewash table will need to be cleaned: under side of table observed with mold + caked on food debris.
*	Bar Drains will need to be clean; freed debris.
*	All code + other violations will need to be corrected prior to reopening.
*	All food items will need to be removed from kitchen area during treatment of establishment. - Only food items in kitchen walk-in can remain. All other items will need to be removed because they can harbor roaches + provide a breeding area for future roaches.
*	At this time we will follow up with this establishment at 10:00am / 14 April.
*	Inspector will be K. Hicks #10 on 14 April.
*	Spoke to Quality manager T. Beaucegard.
*	Kent County Field office (302) 744-1220 Public Health Emergency # (302) 742-4700

Person in Charge (Signature)

Date: 12 April 19

Inspector (Signature)

HPC #007; FHS #008

Date: 12 April 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

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

License/Permit #

Date 4/12/19

Establishment Olive Garden Address 263 N. DuPont Hwy City/State Dover, DE Zip Code 19901 Telephone 734-5837

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hand Sink	119°	/	/	/	/
Bain Marie prep area	37°				
Lemons at Bar	56°				

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
22P	3-501.16 observed cut lemons for drinks at right sided drink station not on ice. Also lemons and other garnishments at bar area without ice.
10PF	10-205.11 observed hand sink in bar area blocked with handbag. Hand wash sink should always be accessible.
* 55c	6-501.11 observed several cracked/missing tiles on floor throughout establishment. Missing tiles in ware-washing area resulting in standing water. Cracked tiles on walls in employee bathrooms. All floors/walls need to be smooth and easily cleanable.
* 55c	6-501.12 observed excessive amounts of food debris under all surfaces in kitchen area. Floors and under side of all tables/counters need to be cleaned/sanitized.
* 51c	5-205.15 observed plumbing in bar area not functioning properly resulting in ^{water not} draining properly. Please have plumbing serviced.
49c	4-1002.13 observed trash can by ware washing area with raked on food debris on sides/bottom. Please clean/sanitize.

Person in Charge (Signature)

Date: 4/12/19

Inspector (Signature) EHS II #008 / HPC #007

Date: 4/12/19