



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		Date
		No. of Repeat Risk Factor/Intervention Violations		Time In
Establishment		Address		City/State
License/Permit #		Permit Holder		Purpose of Inspection
Zip Code		Est. Type		Risk Category

Establishment: Olive Garden Address: 2163 N. Dup. Hwy City/State: Dover, DE Zip Code: 19901 Telephone: 734-5837
 License/Permit #: PA803171019 Permit Holder: OMKE Purpose of Inspection: FOLLOW-UP Est. Type: FE Risk Category: Med.

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	
Time/Temperature Control for Safety					
17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food			
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			
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			

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

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

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		Insects, rodents, & animals not present <u>OK</u>			
39		Contamination prevented during food preparation, storage & display			
40		Personal cleanliness			
41		Wiping cloths: properly used & stored			
42		Washing fruit & 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 <u>OK</u>			
Physical Facilities					
50		Hot & cold water available; adequate pressure			
51		Plumbing installed; proper backflow devices <u>OK</u>			
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 <u>OK</u>			
56		Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature): [Signature] Date: 4/14/19
 Inspector (Signature): EST#10K Follow-up: YES NO Follow-up Date: Next week



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>K980317</u>	Date <u>4/14/19</u>
Establishment <u>Wine Garden</u>	Address <u>263 N. Dupont</u>	City/State <u>Dover, DE</u>	Zip Code <u>19901</u> Telephone <u>734-5837</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	Observations and Corrective Actions
	Follow-up inspection today for a complaint received about roach activity in the establishment.
	No live activity was found today. Numerous dead roaches still in facility due to ongoing spraying and reconstruction of the restaurant.
	All P/P/E/C violations from 4/12/19 inspection have been corrected.
	The establishment will remain voluntarily closed to approximately Tuesday 4/16/19 for ongoing reconstruction in the food prep area and throughout the restaurant.
	The "closed" sign has been removed today by FSII #10, a formal sign by management will be placed on the door for now.
	No Ecolab pest management documents were available for review during my visit. All pest management documents since the closing of establishment must be available for viewing/inspection on my return inspection next week. If documents are not available for view on that visit a reassessment fee will be assessed of \$100.00

Person in Charge (Signature)	Date: <u>4/14/19</u>
Inspector (Signature) <u>FS II #10 LC</u>	Date: <u>4/14/19</u>



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 # K980317

Date 4/14/19

Establishment Oliver Garden

Address 203 N. Dupont Hwy

City/State Dover, DE

Zip Code 19901

Telephone 734-5837

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	Observations and Corrective Actions
	For the next inspection next week post construction, the entire establishment must be cleaned and sanitized prior to my arrival. All construction must be complete and establishment must be ready to operate when I arrive for my inspection. No more work will be conducted after I leave the establishment.
	All pest management forms need to be available at each inspection routine or otherwise.
	A \$50.00 reassessment fee will be assessed today 8-601.10, for a complaint inspection requires a follow-up inspection to confirm compliance.
	Pest management will maintain a weekly spray schedule for the next 2 months. Then will go to bi-weekly until further notice. Please have schedule available for view at next visit.
	Please complete all items discussed during walk through visit prior to next inspection next week, please call when ready to re-open.

Person in Charge (Signature)

[Handwritten Signature]

Date:

4/14/19

Inspector (Signature)

ESIV #10 KC

Date:

4/14/19



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>K9FC31710/19</u>	Date <u>4/15/19</u>
Establishment <u>Olive Garden</u>	Address <u>203 N. DuPont</u>	City/State <u>Dover, DE</u>	Zip Code <u>19901</u> Telephone <u>7345837</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

Post construction inspection for Olive Garden after complaint was received for Adach activity was performed.

Follow-up inspection was completed on 4/19/19 and management waited their night to open and remained voluntarily closed to complete kitchen repairs.

Observed all ^{pest mgmt.} ~~pest~~ inspection reports. Copies of reports have been obtained.

A spray schedule will be emailed to the health inspector.

All food contact surfaces and dining areas have been cleaned and sanitized.

Olive Garden has completed all construction and cleaned all areas.

Olive Garden is okay to open and operate. If another complaint is received in our office and one complaint is founded your risk level will be raised to high risk.

- Spray 7x per week x 2 months, then 2x per month until routine inspection in Oct 2019.
- Spray schedule will be re-evaluated then.

Person in Charge (Signature) <u>Ramiro Hernandez, SVP</u>	Date: <u>4/15/19</u>
Inspector (Signature) <u>ESIV #10</u>	Date: <u>4/15/19</u>