



**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**

Page 1 of 3

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations	<u>3</u>	Date	<u>5-6-19</u>
		No. of Repeat Risk Factor/Intervention Violations	<u>0</u>	Time In	<u>1030</u>
		Score (optional)		Time Out	<u>100 pm</u>
Establishment	Address	City/State	Zip Code	Telephone	
<u>Rays Deli</u>	<u>1200 Northeast Blvd</u>	<u>Wilm, DE</u>	<u>19802</u>	<u>302777-0163</u>	
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category	
<u>N140476</u>	<u>Mohamed Alazamani</u>	<u>Routine</u>	<u>FE</u>	<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	
<b>Supervision</b>					
1	IN	OUT			Person in charge present, demonstrates knowledge, and performs duties
2	IN	OUT N/A			Certified Food Protection Manager
<b>Employee Health</b>					
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
<b>Good Hygienic Practices</b>					
6	IN	OUT	N/O		Proper eating, tasting, drinking, or tobacco use
7	IN	OUT	N/O		No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>					
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
<b>Approved Source</b>					
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
<b>Protection from Contamination</b>					
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	
17	IN	OUT			Proper disposition of returned, previously served, reconditioned & unsafe food
<b>Time/Temperature Control for Safety</b>					
18	IN	OUT	N/A N/O		Proper cooking time & temperatures
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 temperatures
22	IN	OUT	N/A N/O		Proper cold holding temperatures
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
<b>Consumer Advisory</b>					
25	IN	OUT	N/A		Consumer advisory provided for raw/undercooked food
<b>Highly Susceptible Populations</b>					
26	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered
<b>Food/Color Additives and Toxic Substances</b>					
27	IN	OUT	N/A		Food additives: approved & properly used
28	IN	OUT	N/A		Toxic substances properly identified, stored, & used
<b>Conformance with Approved Procedures</b>					
29	IN	OUT	N/A		Compliance with variance/specialized process/HACCP

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.

**GOOD RETAIL PRACTICES**

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

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

Person in Charge (Signature) [Signature]

Date: 5-6-19

Inspector (Signature) NCC EHS II 043

Follow-up: YES NO (Circle one) Follow-up Date: 5-7-19



### Inspection Report

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

License/Permit # N140476

Date 5-6-19

Establishment Rays Deli

Address 1200 Northeast Blvd Wilm, DE

City/State

Zip Code 19802

Telephone 777-0763

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number		
22	3-501.16 (P)	All food items in Deli case between 55 <sup>oF</sup> -60 <sup>oF</sup> food items been in Deli case all night. Food items visibly sweating. -All deli meats (ham, turkey, roast etc) 62 <sup>oF</sup> } Food discarded -Cheese 58 <sup>oF</sup> - Eggs 53 <sup>oF</sup> - milk 55 <sup>oF</sup>
15	3-302.11 (P)	Preparing raw chicken in 3 comp sink with unclean utensils in other compartment.
44	4-801.11 C	Observed pile of soiled linens (cloths) on top of grease trap. <u>cos</u>
10	6-301.12 (PF)	No paper towels in restroom.
53	6-501.18 C	Restroom unclean, toilet unclean saturated toilet paper on floor
55	6-201.11 C	Dry racks above 3 comp sink wrapped in aluminum foil
	6-501.12 C	Walls splattered with dried up food debris. Floors under all equipment saturated with grease and food debris
	6-501.11 C	Damaged holes in walls, damage/missing ceiling tiles.
36	4-204.112 C	No thermometers for equipment <u>cos</u>
55	6-501.14 C	Mops (several) sitting in dirty water in mop-bucket.
51	5-703.13 C	No Mop sink - please remove porcelain hand sink and replace with mop sink.
49	4-601.11 C	All shelving saturated with food debris and crumbs. Observed a cardboard box completely soiled full of various dry food items and seasonings - manager discarded <u>cos</u>

Person in Charge (Signature) [Signature]

Date: 5-6-19

Inspector (Signature) NCC EHST 043

Date: 5-6-19



**Inspection Report**

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

License/Permit # N140476

Date 5-6-19

Establishment Kays Deli

Address 1200 Northwood Blvd

City/State Wilm, DE

Zip Code 19802

Telephone

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Description
56	6-501.14 c Ventilation hood unclean with grease saturation.
16	4-602.12 c Thick layer of grease saturation mixed with food debris under grill.
55	3-305.15 c No food prep sink

8-404.11 (P) CLOSING due to Imminent Health Hazard of gross unsanitary conditions. Operators must cease and desist all operations effectively immediately. Entire food establishment must be thoroughly cleaned and sanitized including all floors, walls, ceilings, equipment, shelving and restroom. Inspector also noted that operator decided to add a ~~new~~ food operation in the front of facility completely away from existing kitchen located in the back. Inspector observed a pizza oven, 2 bain maries, and 3 deep freezers and 1 handwash sink. Walls are not smooth or easily cleanable. Informed Operator to cease new food operation immediately. Must submit plan review application for extension.

\* Re-inspection fee in amount of 50.00 assessed due to non compliance of violations 3-501.16, 3-302.11, 6-301.12, 8-404.11 et

\* Re-inspection on 5-7-19\*

Person in Charge (Signature) *[Signature]*

Date: 5-6-19

Inspector (Signature) NCC FHSII 043

Date: 5-6-19



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<b>Food Establishment Inspection Report</b>						Page <u>1</u> of <u>2</u>	
Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901			No. of Risk Factor/Intervention Violations		0	Date	5-6-19
			No. of Repeat Risk Factor/Intervention Violations		0	Time In	1030
Establishment			Address		City/State	Zip Code	Telephone
Kays Deli			1200 Northeast Blvd		Wilmington	19802	3027770763
License/Permit #		Permit Holder		Purpose of Inspection		Est. Type	Risk Category
N140476/9-1-19		Mohamed Alazamzani		Complaint		FE	Med
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>							
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Compliance Status				Compliance Status			
Supervision				Time/Temperature Control for Safety			
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties		17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	
2	IN OUT N/A	Certified Food Protection Manager		<b>Time/Temperature Control for Safety</b>			
Employee Health				18	IN OUT N/A N/O	Proper cooking time & temperatures	
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Good Hygienic Practices				22	IN OUT N/A N/O	Proper cold holding temperatures	
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		23	IN OUT N/A N/O	Proper date marking and disposition	
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Preventing Contamination by Hands				Consumer Advisory			
8	IN OUT N/O	Hands clean & properly washed		25	IN OUT N/A	Consumer advisory provided for raw/undercooked food	
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Highly Susceptible Populations			
10	IN OUT	Adequate handwashing sinks properly supplied and accessible		26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
Approved Source				Food/Color Additives and Toxic Substances			
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Protection from Contamination				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.			
15	IN OUT N/A N/O	Food separated and protected		<b>GOOD RETAIL PRACTICES</b>			
16	IN OUT N/A	Food-contact surfaces, cleaned & sanitized		Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
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42		Washing fruits & vegetables		56		Adequate ventilation & lighting; designated areas used	
Person in Charge (Signature)			Date:			5-6-19	
Inspector (Signature) <i>NCC EAST1043</i>			Follow-up: YES (NO) (Circle one) Follow-up Date:				



### Inspection Report

Page 2 of 2

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

License/Permit # N140476

Date 5-6-19

Establishment Kays Deli Address 1200 Northeast Blvd City/State Wilmington, DE Zip Code 19802 Telephone 302 777 0763

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number

Complaint

Complainant witnessed live roaches and dried blood on freezer.

Observations

Upon inspection, inspector spoke with manager regarding complaint. Inspector completed a full routine inspection in addition to complaint. No roaches observed and no blood observed on equipment. Inspector did observe several other violations and gross unsanitary conditions. All violations noted on routine inspection report.

*[Handwritten Signature]*

Person in Charge (Signature)

Date: 5-6-19

Inspector (Signature) NCCHESTOR

Date: 5-6-19