



**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).

*Bay Side Outlet*

**Food Establishment Inspection Report**

Page 1 of 2

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations	Date
Establishment <i>Strovi's Cuban</i> Address <i>23948 Lewis-Geo Hwy</i> City/State <i>Leeds</i> Zip Code <i>19958</i> Telephone <i>205-5662</i>		No. of Repeat Risk Factor/Intervention Violations	Time In <i>1:19</i>
License/Permit # <i>5140497</i>	Permit Holder <i>Shen, S of Delmona</i>	Score (optional)	Time Out <i>1:45</i>
Purpose of Inspection <i>Rocaille</i>		Est. Type <i>FF</i>	Risk Category <i>Low</i>

**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>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager		
<b>Employee Health</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events		
<b>Good Hygienic Practices</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly supplied and accessible		
<b>Approved Source</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source <i>2450</i>		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction		
<b>Protection from Contamination</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces; cleaned & sanitized		

Compliance Status		COS	R
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food		
<b>Time/Temperature Control for Safety</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time and temperature		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking and disposition		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a Public Health Control; procedures & records		
<b>Consumer Advisory</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered		
<b>Food/Color Additives and Toxic Substances</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> 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

		COS	R
<b>Safe Food and Water</b>			
<input checked="" type="checkbox"/>	30	Pasteurized eggs used where required	
<input checked="" type="checkbox"/>	31	Water & ice from approved source	
<input checked="" type="checkbox"/>	32	Variance obtained for specialized processing methods	
<b>Food Temperature Control</b>			
<input checked="" type="checkbox"/>	33	Proper cooling methods used; adequate equipment for temperature control	
<input checked="" type="checkbox"/>	34	Plant food properly cooked for hot holding	
<input checked="" type="checkbox"/>	35	Approved thawing methods used	
<input checked="" type="checkbox"/>	36	Thermometers provided & accurate	
<b>Food Identification</b>			
<input checked="" type="checkbox"/>	37	Food properly labeled; original container	
<b>Prevention of Food Contamination</b>			
<input checked="" type="checkbox"/>	38	Insects, rodents, & animals not present	
<input checked="" type="checkbox"/>	39	Contamination prevented during food preparation, storage & display	
<input checked="" type="checkbox"/>	40	Personal cleanliness	
<input checked="" type="checkbox"/>	41	Wiping cloths: properly used & stored	
<input checked="" type="checkbox"/>	42	Washing fruits & vegetables	

		COS	R
<b>Proper Use of Utensils</b>			
<input checked="" type="checkbox"/>	43	In-use utensils: properly stored	
<input checked="" type="checkbox"/>	44	Utensils, equipment & linens: properly stored, dried, & handled	
<input checked="" type="checkbox"/>	45	Single-use/single-service articles: properly stored & used	
<input checked="" type="checkbox"/>	46	Gloves used properly	
<b>Utensils, Equipment and Vending</b>			
<input checked="" type="checkbox"/>	47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
<input checked="" type="checkbox"/>	48	Warewashing facilities: installed, maintained, & used; test strips	
<input checked="" type="checkbox"/>	49	Non-food contact surfaces clean	
<b>Physical Facilities</b>			
<input checked="" type="checkbox"/>	50	Hot & cold water available; adequate pressure	
<input checked="" type="checkbox"/>	51	Plumbing installed; proper backflow devices	
<input checked="" type="checkbox"/>	52	Sewage & waste water properly disposed	
<input checked="" type="checkbox"/>	53	Toilet facilities: properly constructed, supplied, & cleaned	
<input checked="" type="checkbox"/>	54	Garbage & refuse properly disposed; facilities maintained	
<input checked="" type="checkbox"/>	55	Physical facilities installed, maintained, & clean	
<input checked="" type="checkbox"/>	56	Adequate ventilation & lighting; designated areas used	

Person in Charge (Signature) *X* Date: *8-21-19*

Inspector (Signature) *SC, EASII #219* Follow-up:  YES  NO (Circle one) Follow-up Date: *8/22/19*



Inspection Report

Page 2 of 2

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

License/Permit #

Date 8-21-19

Establishment

Address

City/State

Zip Code

Telephone

Sherri's Crabapple Trays & Deli Richmont 19711 205-5662

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Priority Violations

10 (5-205.11) <sup>observed</sup> no hand washing sink available for handwashing. Nearest bathroom to wash is 9 stores away.

51 (5-205.15) portable hand sink approved in original plan has been removed without approval of the Plan Review Office of Food Protection. Please replace the hand sink that was taken out.

A reinspection will take place on 8/22/19 at 9:30 to assure compliance with handwashing being available near the food prep area.

Cease and desist operations until the Division of Public Health reopens this facility.

Please leave closed sign in place until removed by DPH staff

Person in Charge (Signature)

X  
SC, EHS II #1219

Date:

8-21-19

Inspector (Signature)

Date:

8-21-19