



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).

ME ✓

## 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: <u>0</u>		Date: <u>2/6/20</u>	
		No. of Repeat Risk Factor/Intervention Violations: <u>0</u>		Time In: <u>9:00</u> Time Out: <u>10:30</u>	
Establishment: <u>Sonesta F.S. Suites Wilmington-Newark</u>		Address: <u>240 Chapman Rd</u>		City/State: <u>Newark, DE</u>	
License/Permit #: <u>N 202794 New.</u>		Permit Holder: <u>Cambridge TRS, Inc.</u>		Purpose of Inspection: <u>Change of Ownership</u>	
Zip Code: <u>19702</u>		Telephone: <u>(302) 453-9200</u>		Est. Type: <u>FE</u>	
Risk Category: <u>Med</u>					

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		Supervision		Employee Health		Good Hygienic Practices		Preventing Contamination by Hands		Approved Source		Protection from Contamination	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1	IN	OUT											
2	IN	OUT	N/A										
3	IN	OUT											
4	IN	OUT											
5	IN	OUT											
6	IN	OUT	N/O										
7	IN	OUT	N/O										
8	IN	OUT	N/O										
9	IN	OUT	N/A	N/O									
10	IN	OUT											
11	IN	OUT											
12	IN	OUT	N/A	N/O									
13	IN	OUT											
14	IN	OUT	N/A	N/O									
15	IN	OUT	N/A	N/O									
16	IN	OUT	N/A										

Compliance Status		Time/Temperature Control for Safety		Consumer Advisory		Highly Susceptible Populations		Food/Color Additives and Toxic Substances		Conformance with Approved Procedures	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
17	IN	OUT									
18	IN	OUT	N/A	N/O							
19	IN	OUT	N/A	N/O							
20	IN	OUT	N/A	N/O							
21	IN	OUT	N/A	N/O							
22	IN	OUT	N/A	N/O							
23	IN	OUT	N/A	N/O							
24	IN	OUT	N/A	N/O							
25	IN	OUT	N/A								
26	IN	OUT	N/A								
27	IN	OUT	N/A								
28	IN	OUT	N/A								
29	IN	OUT	N/A								

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

Safe Food and Water		Food Temperature Control		Food Identification		Prevention of Food Contamination		Proper Use of Utensils		Utensils, Equipment and Vending		Physical Facilities	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
30								43				50	
31								44				51	
32								45				52	
33								46				53	
34								47				54	
35								48				55	
36								49				56	
37													
38													
39													
40													
41													
42													

Person in Charge (Signature): <u>[Signature]</u>		Date: <u>2/6/20</u>	
Inspector (Signature): <u>[Signature]</u>		Follow-up: <u>YES</u> NO (Circle one) Follow-up Date: <u>3/6/20</u>	



**DELAWARE HEALTH AND SOCIAL SERVICES**  
 Division of Public Health

**Inspection Report**

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

License/Permit # New

Date 2/6/20

Establishment Sorrela ES Suite Wilmington, Newark

Address 246 Chapman Rd.

City/State Newark, DE

Zip Code 19702

Telephone 302 453 9200

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	
	The following must be corrected in 30 days:
	• Replace rubber gasket on Traulsen refrigerator
	• Adjust final rinse temperature on dishwasher to 180°F at the final rinse and 160°F at the plate.
	• Obtain quaternary ammonia sanitizer test papers to check sanitizer concentration at the 3-bay sink. 200 ppm quaternary ammonia to be used.
	Please use the 3-bay sink for washing rinsing and sanitizing equipment.
	Health Dept conducted a Change of Ownership inspection on 2/6/20. This inspection report serves as your interim food establishment permit to operate and it expires on 3/3/20. You will be invoiced a permit fee. Failure to pay the \$100 permit fee may result in closure.
	A routine inspection will be done 3/6/20

Person in Charge (Signature) [Signature]

Date: 2/6/20

Inspector (Signature) NCC-6457-047

Date: 2/6/20