



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														
Delaware Division of Public Health					No. of Risk Factor/Intervention Violations Date									
Office of Food Protection					No. of Repeat Risk Factor/Intervention Violations Time In									
417 Federal St., Dover, DE 19901							171			Score (d	optional)	1310	Time Out	11/5
Establishment Address City/State Zip Code Telephone														
CYMIA	2011		023 Intuna Or-		į	m(Ko 4	511	OF		19707	1		1-2805
License/Permit# Permit Holder						Purpose of Inspection Est. Type				Category				
Nº	1822.	20	The Chiwnens Inc			Complaint to Mu				cal _				
		FOODBO	RNE ILLNESS RISK FACTO	OR:	SA	ND	PU	BLI	CHEA	LTH INTERVE	NTIONS			
С	Circle design	nated compliance status	(IN, OUT, N/O, N/A) for each numbere	d ite	m					Mark "X" in a	opropriate bo	x for C	OS and/or R	2
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a						pplicable COS=corrected on-site during inspection R=repeat violation						t violation		
Compliance Status Compliance Status									COS R					
		Super	rvision			1	7 IN	OUT		Proper disposition	n of returned	d, prev	iously serv	ed,
1 IN OUT	T	Person in charge pres	sent, demonstrates knowledge,				17 IIIN	001		reconditioned & u	nsafe food			
1 111 00		and performs duties					-"-			Time/Temperatur				
2 IN OUT	T N/A	Certified Food Protect	tion Manager			1	18 IN	OUT	N/A N/O	Proper cooking tin	me & tempe	ratures	5	
	-	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	se Health			1	19 IN	OUT	N/A N/O	Proper reheating				
		Management food en	nployee and conditional employee;			2	20 IN	OUT	N/A N/O	Proper cooling tin				
3 IN OUT		knowledge, responsib				2	21 IN	OUT	N/A N/O	Proper hot holding				
4 IN OUT	Т	Proper use of restricti	HILL STATE OF THE			2	22 IN	OUT	N/A N/O	Proper cold holding	Contract the second second	170077		
5 IN OUT	Т		ding to vomiting and diarrheal events			2	23 IN	OUT	N/A N/O	Proper date mark			ń	
			nic Practices				_		N/A N/O	Time as a Public H				ords
6 IN OUT	T N/O		, drinking, or tobacco use							Approximation and the second	er Advisory	Total Participants		44
7 IN OU		No discharge from ey				2	5 IN	OUT	N/A	Consumer advisory	- I TORK TO THE OWNER OF THE OWNER OWN		dercooked	food
7			mination by Hands				1			Highly Suscep				
g IN OU	T N/O	Hands clean & proper				2	e IN	OUT	N/A	Pasteurized foods	A Company of the Comp			rad
							-0 1	001		od/Color Additives				rea
9 IN OU	T N/A N/O		with RTE food or a pre-approved			-	7 161	OUT		N/45~				
10 IN OU	т	alternative procedure	11-11-1-1	-	-			OUT		Food additives: a	A CONTRACTOR OF THE PARTY OF TH	CONTRACTOR OF		(A)
10 114 00	,		sinks properly supplied and accessible od Source		_	2	-01114	001		Toxic substances onformance with				ed
11 IN OU	-				=	-	na liki	OUT		T- W 100	C 0 0		10000	
11	T N/A N/O	Food obtained from a		_	_	Ľ	29 114	QUI	N/A	Compliance with ve	iriance/speci	alized p	rocess/HAC	CF
16.		Food received at prop					r							
13 IN OU			n, safe, & unadulterated		Risk factors are important practices or procedures identified as the most								most	
14 IN OU	T N/A N/O	·	ilable: shellstock tags,		prevalent contributing factors of foodborne illness or injury. Public health									
		parasite destruction						interve	entions ar	re control measures	to prevent fo	odborn	e illness or i	njury.
In an			Contamination				_							
		Food separated and p			_									
16 IN(QU	IJN/A	Food-contact surfaces			11 6) D 4	OT	050			_	_		
			GOOD RE	_				_						
			es are preventative measures to contro											
Mark "X" in	box if num	bered item is not in com	pliance Mark "X" in appropriate			cos	and/c	or R	CO	S=corrected on-site	during inspe	ction	R=repea	t violation
COS R COS R														
			and Water							12012-0402-0417-05	e of Utensi	Is		
30	Pasteur	rized eggs used where	required				43		In-use u	tensils: properly st	ored			
31	Water &	& ice from approved so	ource				44		Utensils,	equipment & linens	properly st	ored, d	ried, & han	dled
32	Variand	e obtained for special	ized processing methods				45		Single-us	se/single-service an	ticles: proper	rly store	ed & used	
		Food Temper	rature Control				46		Gloves	used properly				
33	Proper	cooling methods used	; adequate equipment for			14		¥ 100		Utensils, Equip	ment and V	endin	g	
	tempera	ature control					47		Food & I	non-food contact s	urfaces clea	anable	1	
34			r hot holding				7.7		properly	designed, constru	cted, & use	d		
35						48		Warewas	shing facilities: instal	led, maintain	ed & u	sed; test str	ips	
36	Thermometers provided & accurate					49			d contact surfaces					
Food Identification									Physica	Facilities				
37 Food properly labeled; original container							50		Hot & co	old water available;	adequate p	ressu	re	
	The Same	THE RESERVE OF THE PARTY OF THE PARTY.	od Contamination				51			g installed; proper	The second secon	2000000		
38	Insects	, rodents, & animals no					52			& waste water pro				
39	Contamination prevented during food preparation, storage & display						53		100	cilities: properly co	Design House, and the second		d. & cleane	ed
40	Personal cleanliness					54			a & refuse properly					
41	Wiping cloths; properly used & stored					55	X		facilities installed					
42 Washing fruits & vegetables					56		The second second	te ventilation & ligh		100				
Person in Charge (Signature) ///////// Date: 7/10/19														
Inspector (Signature) () CL THE IL-033 Follow-up: (YES) NO (Circle one) Follow-up Date: TBD								ollow-	up:	YES NO (Circle	e one) Fol	low-up		

	Inspection Report	Page of 3
Health Sy	ral St., Dover, DE 19901	Date 7/10/19
Establishn		Telephone
(you)	OBSERVATIONS AND CORRECTIVE ACTIONS	(32)219-325
Item Number	SECTION AND SOME THE POPULATION	
Trainibot		1.0
- te	A complaint was received regarding past and sanitation of issues at	the Crowners
	chinese Restaurant. The complament reports that a line reach w	las (veu) line
		11 0
		IAL
	facility is generally dirty and storned; needs a thornest cleaning.	
	An intestigative inspection was conducted. During the insp	ie timo T
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	spake the manage regarding the complaint to was aware as	
	She shoted that the called the post services company toolab, to	povide
	somice for the vouches she stated then have soon mucho in the	re chausent
	She was unable to locate the out service copy to She contrated	Feelab and
	We spoke with customer service who stated the last service	
	Crowners uns on June 27, 2019. I conducted a full walk	thre it
	the extrement and I observed	
	38 (0 Sol. 11 (PP) Dead youches through out yesterment. Rouches ob	shed h
	window staff sill near dining table on she'ves in wait staff	aray ia
	front of litches doors. In oils near Kitches doors, Under skier	(mulhob)
		1 1 1
	and inside under dishimahane and a live magast on three co	
	isink. Mone drapping stosewid around deep treasur in storage an	oa). Dool
	(Dacho in light should in kelchen	
16	4-601. 11 (PP) Dead naches observed in steer and shelves flacks	on counseled
	with food debres and flour. Tables and country strike and have at	t food on
	to al then Box many he let it all Gul at the Built Built	a death law
	The state of the s	a rearrant many
	with carditated preces that an inside to my por trace	
33	6-202. 15 c Gap in back down near restrooms. Screen down in K	rtche not
	sealed emports.	
	1.60 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J. 1:
_55	6-501. It a Heavy saturation of took debro and green behind co	Mint live,
	Under distinguisher and under attractions or cooking line and is	torage and
Person in (Charge (Signature) MACALL Date: 7/10	19
		ă.
Inspector (Signature) DCC 115 II - v 33 Date: 7 15 11	1



Inspection Report Page of 3									
Health Sy 417 Fede	Division of Public Health ystems Protection ral St., Dover, DE 19901	-	License/Permit #	Date 7/10/19					
Establishn		Address	City/State	Zip Code Telephone					
71018	ww.	OBSERVATIONS A	ND CORRECTIVE ACTIONS	1 19 1 1 1 10 31 - 310 9					
Item Number		OBSERVATIONS A	ND CORRECTIVE ACTIONS						
	walk in refrigere	the has been the	saturation of food debas	on floores.					
	9-40411 (rm)	nora must coare	operation due to an	MS insanitar					
	G-404. Crimory must cease operation due to gross insanitary								
	Hang tout contact areas have old food debris on them. Dead reaches								
	and under took equipment Havy saturation of grease and debits on and under cooking appoint refrighences and inside walling. No past								
	report available.	Spole with son	nu specilist from to	olab and he					
	stated that h			oilly. He has					
	Chrosenay Lundy 20	droping but no	t Muchs.						
	The restaurant o	must be charged a	not sinitized thoughout	(dining over to					
	1 1	en). Pert sema re		sorral increased to					
	Weekly. Remove		us a certified livered	professional. Stealed					
	a cleaning scha	dule for staff (de	in water and monthly	d d					
	that were cont	all open, solved as		manco. All Herris					
	· 1 1 11 111			1,000					
	Content Welth	Department once	all and those have he	o- not.					
Person in 0	Charge (Signature)	were	Di	ate: 7/10/19					
Inspector (Signature) NCC - THS I	-033	Da	ate: 7/10/19					