



# 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

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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: 0  
No. of Repeat Risk Factor/Intervention Violations: 0  
Score (optional): N/A  
Date: 7/12/19  
Time In: 10:15  
Time Out: 11:00

Establishment: Crownery Address: 228 Lantana Dr. City/State: Hockessin DE Zip Code: 19707 Telephone: (302) 239-3325  
License/Permit #: N 982220 Permit Holder: The Crownery Inc. Purpose of Inspection: Complaint/closure follow up FE 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
<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

			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		Thermometers provided & accurate		
<b>Food Identification</b>				
37		Food properly labeled; original container		
<b>Prevention of Food Contamination</b>				
38	X	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		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		Non-food contact surfaces clean		
<b>Physical Facilities</b>				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55	X	Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *[Signature]*

Date: 7/12/19

Inspector (Signature) *[Signature]*

Follow-up: YES (NO) (Circle one) Follow-up Date:



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 # NJ 9822-20

Date 7/12/19

Establishment  
Crownery

Address  
289 Lentana Dr.

City/State  
Hockessin, DE

Zip Code  
19707

Telephone  
(302) 239-3825

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	
38	6-501.111 (PP) No dead or live roaches, mice or maggots observed in restaurant. Window sills near dining tables cleaned. Shelves in unit area cleaned. No mouse droppings around deep freezer in dry storage area. Fudlab serviced restaurant on 7/12/19 and a service report was available.
110	4-601.11 (PP) Dead roaches removed from on and under slicer and shaker. Racks that were encrusted with food debris is cleaned. Tables, counters, dishes and pots/containers have been cleaned and sanitized.
38	6-202.15 - Back screen door will be replaced.
55	6-501.12c Most of the heavy saturation of food debris and grease behind cooking line, under dishmachine and under refrigerators on cooking line has been removed. A professional cleaning company is coming out next week to perform service on F.E. Walk-in refrigerator cleaned.
3-404.11	Crownery may resume operations.
	<p>Note: The wood on table in kitchen must be replaced or covered.          Replace back screen door          Create and post cleaning schedule          Pest service has been increased to bi-weekly.          Add shelves to back storage area to eliminate boxes.</p>

Person in Charge (Signature)

*[Signature]*

Date:

07/12/2019

Inspector (Signature)

NJ 9822-20

Date:

7/12/19