



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 Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations <u>2</u>		Date <u>5/2/19</u>
		No. of Repeat Risk Factor/Intervention Violations <u>0</u>		Time In <u>10:00am</u>
Establishment <u>Tony's Bistro</u>		Address <u>29 Chelout Hill Plaza Newark, DE</u>		City/State <u>Newark, DE</u>
License/Permit # <u>Takeover</u>		Permit Holder <u>Tony's Bistro LLC</u>		Purpose of Inspection <u>Takeover</u>
Zip Code <u>19702</u>		Telephone <u>(302)303-0900</u>		Est. Type <u>FE</u>
Risk Category <u>Medium</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. COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS		R	
<b>Supervision</b>					
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Person in charge present, demonstrates knowledge, and performs duties					
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A				
Certified Food Protection Manager					
<b>Employee Health</b>					
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Management, food employee and conditional employee; knowledge, responsibilities and reporting					
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Proper use of restriction and exclusion					
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Procedures for responding to vomiting and diarrheal events					
<b>Good Hygienic Practices</b>					
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O				
Proper eating, tasting, drinking, or tobacco use					
7	<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>					
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O				
Hands clean & properly washed					
9	<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					
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Adequate handwashing sinks properly supplied and accessible					
<b>Approved Source</b>					
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Food obtained from approved source					
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				
Food received at proper temperature					
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Food in good condition, safe, & unadulterated					
14	<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>					
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				
Food separated and protected					
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A				
Food-contact surfaces; cleaned & sanitized					

Compliance Status		COS		R	
17	<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>					
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				
Proper cooking time & temperatures					
19	<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					
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				
Proper cooling time and temperature					
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				
Proper hot holding temperatures					
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				
Proper cold holding temperatures					
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				
Proper date marking and disposition					
24	<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>					
25	<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>					
26	<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>					
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A				
Food additives: approved & properly used					
28	<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>					
29	<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

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

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

Person in Charge (Signature) XAF Julia Faldi Date: 5/2/19

Inspector (Signature) NCC-HPL-041 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 #

Date 5/2/19

Establishment

Address

City/State

Zip Code

Telephone

Tony's Bistro

22 Chestnut Hill Plaza Newark DE

19702

(302) 293-0800

#### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	
	A change of ownership inspection of Tony's Bistro was conducted on 5/2/18. All equipment was inspected and verified as commercial grade. Health Dept. will conduct reinspection on <u>5/7/19</u> to verify correction of the following:
36	4-204.112 C: Thermostats missing in walk-in refrigerator
38	6-501.111 <u>(PF)</u> : Found fly activity by serving area - Please contact pest company for service and provide documentation at reinspection
55	6-501.12 C: Found accumulation of grease under cook line
10	6-301.12 <u>(PF)</u> : No paper towels at cook line and employee bathroom hand sinks
39	3-305.11 C: Food stored on floor of walk-in refrigerator
	This document will serve as your temporary food permit until 8/1/19. You will be billed \$100 for your food permit. Failure to pay may lead to loss of permit.
	The following <u>(NE)</u> required repairs are to be completed by <u>(6/3/19)</u> :
	• Add 2-inch air gaps to 3-compartment sink
	• Add hand sink with splash guards to serving area
	• Cover damaged wall surfaces with a cleanable material
	• Repair dishwasher
	• Add covered trash can to female bathroom
	• Provide documentation of ServSafe/CFPM certificate
	• Cover all exposed lighting in facility
	• Add baseboards to warewashing area
	• Repair/replace damaged floor tiles

Person in Charge (Signature) XAF [Signature]

Date: 5/2/19

Inspector (Signature) NCL - HPE - 041

Date: 5/2/19