



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).

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Food Establishment Inspection Report Page 1 of 2

Delaware Division of Public Health		No. of Risk Factor/Intervention Violations 2		Date 6-12-19
Office of Food Protection		No. of Repeat Risk Factor/Intervention Violations 0		Time In 1:45pm
417 Federal St., Dover, DE 19901		Score (optional) NA		Time Out 3:15pm
Establishment Unique Restaurant	Address 1401 Phila PK	City/State Wilm, DE	Zip Code 19809	Telephone 792-4848
License/Permit # Unpermitted	Permit Holder Yong Chen	Purpose of Inspection Routine/other	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		Compliance Status	
Supervision			
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties	
2	IN OUT N/A	Certified Food Protection Manager	
Employee Health			
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	
Good Hygienic Practices			
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use	
7	IN OUT N/O	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
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	X
Approved Source			
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	
Protection from Contamination			
15	IN OUT N/A N/O	Food separated and protected	
16	IN OUT N/A	Food-contact surfaces: cleaned & sanitized	X

Compliance Status		Compliance Status	
17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	
Time/Temperature Control for Safety			
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	
Consumer Advisory			
25	IN OUT N/A	Consumer advisory provided for raw/undercooked food	
Highly Susceptible Populations			
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
Food/Color Additives and Toxic Substances			
27	IN OUT N/A	Food additives: approved & properly used	
28	IN OUT N/A	Toxic substances properly identified, stored, & used	
Conformance with Approved Procedures			
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

Safe Food and Water		Proper Use of Utensils	
30	Pasteurized eggs used where required	43	In-use utensils: properly stored
31	Water & ice from approved source	44	Utensils, equipment & linens: properly stored, dried, & handled
32	Variance obtained for specialized processing methods	45	Single-use/single-service articles: properly stored & used
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control	46	Gloves used properly
34	Plant food properly cooked for hot holding	Utensils, Equipment and Vending	
35	Approved thawing methods used	47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used
36	Thermometers provided & accurate	48	Warewashing facilities: installed, maintained, & used; test strips
Food Identification			
37	Food properly labeled; original container	49	Non-food contact surfaces clean
Prevention of Food Contamination			
38	Insects, rodents, & animals not present	Physical Facilities	
39	Contamination prevented during food preparation, storage & display	50	Hot & cold water available; adequate pressure
40	Personal cleanliness	51	Plumbing installed; proper backflow devices
41	Wiping cloths: properly used & stored	52	Sewage & waste water properly disposed
42	Washing fruits & vegetables	53	Toilet facilities: properly constructed, supplied, & cleaned
		54	Garbage & refuse properly disposed; facilities maintained
		55	Physical facilities installed, maintained, & clean
		56	Adequate ventilation & lighting; designated areas used

Person in Charge (Signature) Yong Chen Date: 6-12-19

Inspector (Signature) NCC EHS II 043 Follow-up: YES NO (Circle one) Follow-up Date: 6-14-19



Inspection Report

Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901		License/Permit # <u>Unpermitted</u>	Date <u>6-12-19</u>
Establishment <u>Unique Restaurant</u>	Address <u>1401 Phila PK</u>	City/State <u>Wilm, DE</u>	Zip Code <u>19809</u> Telephone <u>302 792-4848</u>

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions
10	6-301.12 (PF) No papertowels at front end handsink <u>cos</u>
38	6-501.111 (PF) Observed several mouse droppings throughout entire front counter. -PLEASE REMOVE ALL ITEMS AND THOROUGHLY CLEAN AND SANITIZE SHELVES. -PLEASE REQUEST AN IMMEDIATE PEST INSPECTION, WITH MINIMUM MONTHLY SERVICE OR MORE IF NEEDED. ALSO PLEASE TREAT FOR FLIES, NETS/DRAIN FLIES
16	4-501.114 (P) No sanitizer in establishment <u>cos</u> . owner went to purchase bleach.
48	4-302.14 (PF) No Test strips (chlorine)
50	5-205.15 (P) Serious leak from bottom plumbing of food prep
55	6-501.16 c Mop in bucket not properly air dried
39	3-305.11 c Observed frozen raw chicken in container on floor under prep table <u>cos</u>

Establishment CLOSED

During inspection, inspector determined operators changed ownership back in January. New owners obtained new business license, but failed to report Takeover to the Health Dept. Operators must cease and desist operation immediately. Inspector gave operators change of ownership application to complete. Establishment must remain closed until approval to reopen by Health Dept.

Person in Charge (Signature) <u>Yong Chan</u>	Date: <u>6-12-19</u>
Inspector (Signature) <u>NCC EAST 043</u>	Date: <u>6-12-19</u>