



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).

ME

Food Establishment Inspection Report

Page 1 of 4

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations: <u>7</u>	Date: <u>9/24/19</u>
		No. of Repeat Risk Factor/Intervention Violations: <u>0</u>	Time In: <u>11:30</u>
		Score (optional): <u>NA</u>	Time Out: <u>2:10</u>
Establishment: <u>Waves</u>	Address: <u>307 W. Newport PK</u>	City/State: <u>Wilmington, DE</u>	Zip Code: <u>19804</u>
License/Permit #: <u>0983264 (exp 9/1/20)</u>	Permit Holder: <u>Fotini Visvardis</u>	Purpose of Inspection: <u>Routine</u>	Est. Type: <u>FE</u>
			Risk Category: <u>MCU</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

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
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			
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			

Compliance Status		COS	R
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

Compliance Status		COS	R
Safe Food and Water			
30			
Pasteurized eggs used where required			
31			
Water & ice from approved source			
32			
Variance obtained for specialized processing methods			
Food Temperature Control			
33			
Proper cooling methods used; adequate equipment for temperature control			
34			
Plant food properly cooked for hot holding			
35	X		
Approved thawing methods used			
36			
Thermometers provided & accurate			
Food Identification			
37			
Food properly labeled; original container			
Prevention of Food Contamination			
38	X		
Insects, rodents, & animals not present			
39	X		
Contamination prevented during food preparation, storage & display			
40			
Personal cleanliness			
41			
Wiping cloths: properly used & stored			
42			
Washing fruits & vegetables			
Proper Use of Utensils			
43	X		
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			
Utensils, Equipment and Vending			
47			
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48			
Warewashing facilities: installed, maintained, & used; test strips			
49	X		
Non-food contact surfaces clean			
Physical Facilities			
50			
Hot & cold water available; adequate pressure			
51			
Plumbing installed; proper backflow devices			
52			
Sewage & waste water properly disposed			
53	X		
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) Fotini Visvardis Date: 9/24/19

Inspector (Signature) NCC-EHSTI-046 Follow-up: (YES) NO (Circle one) Follow-up Date: TOB



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 # N983264/exp. 9/1/20

Date 9/24/19

Establishment
Waders

Address
807 W Newport PK

City/State
Wilmington, De

Zip Code
19804

Telephone
999-8533

OBSERVATIONS AND CORRECTIVE ACTIONS

Table with 2 columns: Item Number and Description. Contains 10 rows of handwritten observations regarding kitchen hygiene, pest control, and staff certification.

Person in Charge (Signature) [Handwritten Signature]

Date: 9/24/19

Inspector (Signature) NCI-EHS II - 046

Date: 9/24/19



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OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Description
	Cont.
2	2-201.12 C Inspector recommends that Variance Request HSP-VR-CFPM-16-074-6.3.2016 should be voided.
39	3-305.11 C Observed food containers stored directly on floor. All food containers should be stored at least 6" inches off the floor.
43	3-304.12 C Observed scoop handle embedded in the sugar.
53	6-501.19 C Restroom door doesn't have a self closing mechanism.
49	4-601.11 C All refrigeration units inside are in need of cleaning, chest freezer have mold accumulation on the gasket area.
35	3-501.13 C Inspector observed improper thawing technique use with turkey breast inside green bucket on the floor of the kitchen.
55	6-501.114 C Inspector observed an excessive accumulation of litter and clutter ^{DPH} also multiple pieces of idle equipment not removed from food establishment.
8-404.11 P	Inspector informed owner that food establishment must close due to Imminent Health Hazard. To be able to re-open food establishments needs to cleaned and sanitize the entire kitchen, eliminate all rodent droppings, eliminate all evidence of having pets inside food establishment. Also needs to contact a Certified Pest Control Company and have them service the facility. Please eliminate all clutter, litter and idle equipment from food establishment.

Person in Charge (Signature) Felix V. [Signature]

Date: 9/24/19

Inspector (Signature) NCC-ELSD-046

Date: 9/24/19



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OBSERVATIONS AND CORRECTIVE ACTIONS

Item
 Number

Please Contact Health Department at 302-283-7110, when ready for re-inspection.

Person in Charge (Signature) Fotini V. Sorok

Date: 9/24/19

Inspector (Signature) NCC-EHSI-046

Date: 9/24/19