

## 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).

				ood Establishme	ent	In	S	ре	ctio	on R	eport		Pa	ige	of _	2
			ion of Public Hea	ilth				No.	of Ris	sk Facto	r/Intervention Vi	iolations		Date	110	
			Protection			No.	of	Repe	at Ris	k Factor	Intervention Vic			Time In		
			Dover, DE 1990			L.S.					Score	(optional)		Time Out		
Estab	lishn Ki 7	part ci	eda	Address DUPUTH	1/ku	1		State	MI	for	3G, L	Zip Code	63	Telephor	373	- 651
Licen	se/Pe	mit#	69	Permit Holder Armando Estrad	-6	P	W	1939	of Insp	ection	e-opening	Est. Type	ć	Rish	Catego	ory L
			FOODBC	RNE ILLNESS RISK FAC	TOR	S/	N	DP	UBLI	C MEA	LTH INTERV	ENTIONS				
	Cir	rcle desig	nated compliance status	(IN, OUT, N/O, N/A) for each number	ered ite	em					Mark "X" in a	approp <mark>riate b</mark> o	ox for CC	DS and/or	R	
	_	npliance	OUT=not in complian	nce N/O=not observed N/A	=not a		abl				S=corrected on-site	e during inspe	ection	R=repe		_
С	ompl	liance S			COS	R			Comp	liance 5		6.1	1			OS R
				rvision	-	1		17 II	N OUT		Proper disposition		a, previ	ously ser	ved,	
1 IN	OUT			sent, demonstrates knowledge,				_	_		reconditioned & Time/Temperatu		for Sale	dir.		
2 111	OUT	NIZA	and performs duties		-	-		10 1		N/A N/O			and the second second			-
2 111	001	IN/A	Certified Food Protec	ee Health	_	1		-		N/A N/O	rioper cooning	THE REPART AND ALL AND				
T			1		1	T		-		N/A N/O	Proper reheating					
3 IN	OUT			mployee and conditional employee	9.			-	_	N/A N/O	Proper cooling ti Proper bet boldi					
	OUT		knowledge, responsit Proper use of restrict			-		_		N/A N/O	Proper hot holdi Proper cold hold		CONTRACTOR OF			
	OUT			ding to vomiting and diarrheal even	6					N/A N/O	Proper cold hold Proper date mar			6		
0 1.4			and the second se	nic Practices	3			-		N/A N/O	Time as a Public I	the second s	Concession of the local division of the loca		corde	
6 IN	OUT	N/O	1	, drinking, or tobacco use		T						ner Advisor		anes or re	-orus	
v	OUT		No discharge from ey					25 1	TUO V	N/A	Consumer adviso	A COLORDANIA		dercooked	food	
				mination by Hands	_	-			- 1		Highly Susce	ptible Popu	lations	1		
BIN	OUT	N/O	Hands clean & prope	rlv washed		1	11	26 1	TUO V	N/A	Pasteurized food	s used: prohil	bited for	ds not off	ered	
				t with RTE food or a pre-approved						Foo	d/Color Additive					
9 114	001	N/A N/O	alternative procedure				lÎ	27	N OUT	N/A	Food additives:	approved &	properly	used		
10 IN	OUT		Adequate handwashing	sinks properly supplied and accessible	-		11	28	TUO V	N/A	Toxic substances	s properly ide	ntified, s	tored, & u	sed	
				ed Source						C	onformance with					
11 IN			Food obtained from a	pproved source		1	11	29	V OUT	N/A	Compliance with v	variance/spec	ialized p	rocess/HA	CCP	
12 IN	OUT	N/A N/O	Food received at prop	per temperature			1 '			1.1						
13 IN	OUT		Food in good conditio	on, safe, & unadulterated												
		N/A N/O	Required records ava	ilable: shellstock tags,							e important practic buting factors of fo					
1-4 114	0011		parasite destruction								e control measure:					
, -	<u>.</u>		1	n Contamination		-										
			Food separated and p	protected												
16 IN	OUT	N/A	Food-contact surface	s; cleaned & sanitized												
	_			GOOD									-			
				es are preventative measures to cor								-				
Mark "	X" in b	pox if num	bered item is not in com	npliance Mark "X" in appropria			COS	S and	/or R	CO	S=corrected on-site	e during inspe	ection	R=repe	at viola	
-	_	_		A CONTRACTOR OF A	0.0	R			_	_	Property 1	lse of Utens	ile		-	COS R
30	T	In		I and Water		T		43	1 1	1			113	-		1
31	-	S-DESCES	rized eggs used where		-			43 44			tensils: properly	The second		ded to b	- 10 - 14	
32	-	-	ice from approved so			-		44			equipment & liner					
52	1	Ivananc	Commence and the Amphippe Second Sector Sect	ized processing methods	_	1		40		Concerning of the second state	se/single-service a used properly	indules: prope	ny store	u a used		
	T	Proper		rature control I; adequate equipment for	-	1		TU	1 1	Gloves	Utensils, Equi	pment and	Vendin	a		
33			ature control	, adequate equipment for					T	Food 8	non-food contact	· crashed that the second second	the same of the second second		1	
34		and the second second second	od properly cooked fo	r hot holding				47			designed, constr					
35		175 a surround to	ed thawing methods u	TRANSPORT OF TRANSPORT				48	-	and the second se	hing facilities: inst	10. S	CONTRACTOR OF	sed test s	trins	
36	1		meters provided & ac		-			49			d contact surface		way or u		4150	
	-	1	and the construction of the second	ntification		-			-ll			al Facilities	ř.			
37	T	Food p	operly labeled; origina					50	1 1	Hot & co	ld water available	e: adequate	pressur	e	1	
				od Contamination				51			g installed; prope					1
38		Insects	, rodents, & animals n					152		A PROPERTY OF TAXABLE PARTY.	& waste water pr	and the second sec				
39		· · · · · · · · · · · · · · · · · · ·	Sector and the sector	g food preparation, storage & displa	y			63			cilities: properly c	and the second se		d, & clear	ned	
40	1	-	al cleanliness				1	- 04			& refuse proper	and the local data and the local		and the second second second		
41		Wiping	cloths: properly used	& stored			K	55		Physical	facilities installe	d. maintaine	d, & cle	an		
42		Washin	g fruits & vegetables					50	N	Adequat	e ventilation & lig	hting; desig	nated a	reas used	1	
Perso	n in C	Charge (		A FUS TE H	75	-1	-	t	D		-	Date:	11	211	70	
		Signatu		EAST HOIS		,			ollow	up: (	ES NO Cir		llow-un	Date		

X



## DELAWARE HEALTH AND SOCIAL SERVICES Division of Public Health



Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901 Establishment License/Permit # KI81969 Date 1/21/20 City/State MIHOND DE 19963 Telephone 302-373-65 OBSERVATIONS AND CORRECTIVE ACTIONS Item Number 8-4/01.12 Reamption of Upwating. After a thoungh inspection of the box Area I did not observe any Didence of fouches. A line of dead. I observed Date 1/21/20 Date 1/
Item Number 8-401.12 Resurption of operations. After a thousugh inspection of the box area I did not observe any evidence of roughs, Alive or dead, I observed
Item Number 8-401.12 Resurption of operations. After a thousugh inspection of the box area I did not observe any evidence of roughs, Alive or dead, I observed
Number 8-401.12 Resurption of operations. After a thousingh inspection of the box area I did not observe any evidence of roughes, Alive or dead, I observed
evidence of roughs, Aline or dead, I observed
evidence of rouches, Aline or dead. I observed
pest management invoice and they will be coming
but to sprang unce a week for 3 Minths. Pro
Stated they will keep it going until their
lease runs ut in le mule months.
* YOU ARE Hereby Re-opened and Allowed to Serve
Food
* You will be Changed from Med to High Rick
and you will meget to have 2 consecutive inspection
without any violations to come off high risk.
Person in Charge (Signature) KC EHSTE HOIS AND Date: 1/2/126
Person in Charge (Signature) KCEHSTE HOIS Date: 1/2/126   Inspector (Signature) KCEHKTE HOIS Date: 1/2/126