OFFICE OF THE DIRECTOR

May 22, 2018

District Manager/Regional Manager Waffle House #1753 4003 S. DuPont Highway Dover, DE 19901

Dear District/Regional Manager of the Camden Waffle House:

Closure of Food Establishment for Imminent Health Hazard

The Division of Public Health (DPH) formally mandates that you cease and desist all food establishment activities effective immediately at Waffle House, Dover, DE. Delaware law, 16 Del. C § 122 establishes the authority for Department of Health and Social Services to regulate food establishments. On May 18, 2018, imminent health hazards were identified during a complaint/routine inspection. In accordance with 8-404.11 of the State of Delaware Food Code, imminent hazards exist due to the following gross unsanitary conditions:

- Roach Infestation
- Water/Electrical Fire Hazard under sink

Prior to resuming operation, Waffle House shall be inspected by DPH.

If you have any questions or concerns, please contact Mrs. Kim Hicks, of the Environmental Health Field Services – Kent County at

Sincerely,

Karyl T. Rattay MD, MS

Director

Pc:

HSP Administration

OFP

EHFS - KC

File

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DELAWARE HEALTH AND SOCIAL SERVICES	
Division of Public Health	

Violations cited in this report s 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).

The C	100 dx 7-40411							s for priority days for core			(8-405.11	l) ::▲	_
Food Establishment Inspection Report													
Delaware Division of Public Health No. of Risk Factor/Intervention Violations Boate 18/44/8													
Office of Food		1	No.	of Re	pea	at Risk	Factor	/Intervention V		7	Time In	1946	2_
	, Dover, DE 19901	\perp	10:					Score	(optional)	-	Time Out	100	Arten.
Establishment	House #1753 Address 40025 Number	lu	/ Ci	ty/St		YOVE.	C. 1	DE	Zip 8000	1	697-	0 (30) ZZZ	6
License/Permit#	Permit Holden Li file	7	PL	rpos	~		ection	1.10	Est. Type		Risk C	ategg	у
K1301:	FOODBORNETLLNESS RISK FACTO	LLI	SIA	Con	ny.	QIA!		OUTING.	ENTIONS	STAGE SE	1	10	A COLUMN TO A COLU
Circle design	nated compliance status (IN, OUT, N/O, N/A) for each numbers	d ite	m	MAD		LILIC	HEM	Mark "X" in	appropriate b	ox for CC	OS and/or R	RANGE	ange)
IN≕in compliance	OUT=not in compliance N/O=not observed N/A=n			able				S=corrected on-s			R≕repea		on
Compliance 5		cos	R	L	1		ance S		t	of markers	eret.		S R
A	Supervision	200	WES.	1	1	OUT		Proper disposit			ously serv	ed,	11
(In)out	Person in charge present, demonstrates knowledge, and performs duties			50	Section 1		N/Sil	Time/Temperal			ty		250
2 IN OUT N/A	Certified Food Protection Manager						OVA AV	Proper cooking		A ARTHUR WITH A			
U	Employee Health	(6)(0)	Milit	- Course	The state of	A STATE OF THE PARTY OF	V/A N/O	Proper reheating	ng procedure:	s for hot	holding		
3 IN OUT	Management, food employee and conditional employee;				-		N/A N/O	Proper cooling				_	+
A IN OUT	knowledge, responsibilities and reporting Proper use of restriction and exclusion	-	Н		-		VA N/O	Proper hot hold Proper cold hold				-	+
5 IN OUT	Procedures for responding to vomiting and diarrheal events			- many	-45	9 /	I/A N/O	Proper date ma					
V same is a	Good Hygienic Practices	28	CAS	24	M	OUTN	I/A N/O	Time as a Public	Health Contro	ol; proced	ures & reco	ords	
BUILDIT NO	Proper eating, tasting, drinking, or tobacco use		_	o.	7	2002	arya.		mer Advisor	-	deserviced	Service .	
7 IN OUT NO	No discharge from eyes, nose, and mouth Preventing Contamination by Hands	8:32	1000	23	Siles	OUTN	I/A	Consumer advis				DOG	2007
NO NO	Hands clean & properly washed	8912	o green	26	0	OUT	I/A	Pasteurized foo				red	- Contraction
B MOUT NA NO.	No bare hand contact with RTE food or a pre-approved			107	٧	Day.		d/Color Additiv				Se 100	
	alternative procedure properly allowed					OUT		Food additives:	ALCOHOLOGY TO A STATE OF	STEEL CONTRACT			\perp
10 MOUT	Adequate handwashing sinks properly supplied and accessible Approved Source	20.000	CRESCON	26	IIN	601A		Toxic substance onformance wit	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2	THE RESERVE TO THE PERSON NAMED IN	A CONTRACTOR OF THE PARTY OF TH	ed	1
11 (MOUT	Food obtained from approved source	SER.	50761	28	IN	QUTIN		Compliance with				CP	F250
12 IN OUT N/A (VIO)	Food received at proper temperature			1	1		\rightarrow	Toompilatica mar	- variance/appe	·	0000001770	0, 1	-
13 MOUT	Food in good condition, safe, & unadulterated							f			Mad a Na		1 1
14 IN OUT NA NO	Required records available: shellstock tags,				- 1	prevale	nt contril	e importent practi buting factors of f	oodbome illne	ss or inju	ry. Public h	ealth	1
MARK CHILDREN STREET	parasite destruction Protection from Contemination		999			Interve	ntions er	e control measure	es to prevent f	oodborne	iliness or i	njury.	
15 NOUT N/A N/O	Food separated and protected	Janes L	CONT.	ļ									,
16 IN QUI N/A	Food-contact surfaces; cleaned & sanitized		X		_								
他到越盟結合經	GOOD RE	23959	tradem:	(CONTRACT)	CHARLE	2017220		Table Const	The source			342	
Mark "Y" in boy if num	Good Retail Practices are preventetive measures to control bered item is not in compliance Mark "X" in appropriate										R=repea	t violatio	
VIAIR A III DOX II IIUIII	mark X in appropriate	COS	R	- OS a	iiid/c	JI K		3-currented on-si	ne doing map	ocuon	re repos		S R
	Safe Food and Water				915			Proper	Use of Utens	sils	(D) - 50 110	Section 1	SO SE
	rized eggs used where required			-	13	-	-	tensils; properly		Verence and			\vdash
	& ice from approved source se obtained for specialized processing methods		\vdash	-	14			equipment & line se/single-service				lied	+
Variant Variant	Food Temperature Control	000	200	_	16			used properly	articles, propi	city store	u a useu		\vdash
33 Proper	cooling methods used; adequate equipment for			100		do to	42/100	Utensils, Equ	ilpment and	Vending	9		歷
temper	ature control	Щ		4	17			non-food contac					
4 4	ood properly cooked for hot holding ed thawing methods used	-	H		18		The second second second	designed, cons shing facilities: ins		DA 20	sadi bask ski	nn 15	+
/ //ppioy	ed thawing methods used ometers provided & accurate	-		-	19	11 1		ning raciilles; ins d contact surfac		nea, a u	sed; test sui	ps .	+
Alexander of the second	Food Identification		701	100		53.00			cal Facilities	9 HALLEY	ne except	9300	ATUES!
37 Food p	roperly labeled; original container				0			old water availab			e		
30 IVI.	Prevention of Food Contamination	Oct in	SE.	-	1 2	-		g installed; prop					\dashv
20 1	, rodents, & animals not present ination prevented during food preparation, storage & display			-	3	1		& waste water p cilitles: properly			i & cleans	d	
- Contain	al cleanliness			-	54	-		& refuse prope			CONTRACTOR OF THE PARTY OF THE	400	П
41 X Wiping	cloths: properly used & stored			-	55			facilities installe					
42 Washin	g fruits & vegetadres			F	6	1	dequat	e ventilation & I	ighting; desig	nated a	eas used		Ц
Person in Charge (Signature) Date:													
V Attack Tilestal													
nspector (Signate	1/4/ 1/1/1/2 TZT 1/1/7	1	1		Fo	ollow-t	ір: (Ү	YES NO (CI	rcte one) Fo	llow-up	Date:	. , ,	4
8	PS TEHS TE HOO	7							h	Me	nco	ш	LX
	DESCRIPTION OF THE PROPERTY OF	-							77				



Violations d 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)...

1		Food Estab	olishm	ent Inspection Repo	ort	Page 2 of 3
Office of F 417 Federa	Division of Public He Food Protection al St., Dover, DE 1990	01	Ř	License/Permit # K 30157.		Date 518/18
Establishme WQ1118	hose #1753	4003.5. Dupont	- Huy	Dover DE	Zip Code 19901	Telephone (302) 697-2226
Item Number	Violation			ND CORRECTIVE ACTIONS in the time frames below or as stated in Se	ction 8-405.11 of th	e Food Code
rumoci	On 16 Ma	12018 0 C	omolai	nt was received c	ocernin	2 00
1		hat happened	וואוטועווי		0 11	wing
(Complaint	was placed a	with		, 115 , 0 100	J.
X	Comphine	en haritan -	Sincle	roach under waffle	1000	
	C DIVERSITARI	HOTICA-CA CAR	WARN	The Cook of		the Cabinet
	nearby where	trash is k	cept	mony more roaches	s scatte	1 -
(numerous	to count . B	abies	and adults. Camp	<u>llanout</u> a	lso <u>not</u> ed
	that the	entire establis	ľ	is duty.	to	d they
	Couldn't cli	ear the floo	li .	ecause part of	. [are new
C	ua they	weren't a	llowed	to get them	wer,	IC.
	nomplai	nt Finding	D:	ř a		
	Complai	nt was i	The	stigated and	2 ev	as .
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	WICTY	Carro in Carro		MANUAL IS 124	mg U	1050 TUE
	OVY ()	mmiles	-/(y an par y great	M.	÷-
•	8-404.11	closed	for	imment he	unh	narard
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	and sa	miliaea	a.	not 10-100	se le	d blx
	a pink	dit heal	the c	Official to	10-01	zin, 0
	Ital	ser hour	5, P	lease Call		Xall
	It (M)	CAN CANCAL	HOW	irs (8-4:30)	Maze	can
Person in Ch	narge (Signature)		5.	, H.	Date:	5/18/18
Inspector (Si	ignature) K. N.V	THICK) Et	19117710	Date:	5/18/18
	RC	1 CO ENS	五井 oc	П		S04123-57 06/1



Violations d 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 Establis	shment Inspection Report	Page 3 of
Delaware Division of Public Health Office of Food Protection 117 Federal St., Dover, DE 19901	License/Permit # K 30157	Date 18 May 18
stablishment WGHIP House #1753 Address HOO3 S. Dupont H		901 G97-2226
	ed within the time frames below or as stated in Section 8-405.11	of the Food Code
16 (4-601.11) observed food con	ntact surface. Duty	
- Build up on co	has mold/calcium	
- Mold Paulduf	P on walkin refrigerator Rac	Ks + nalls /
38 (6-501.111) observed on Ac	tive Roach Problem	ii .
- Various Stages	s of Developement in open/under	ersink.
	per towels in Female Bathroom	
- COSETVIA NO CI	mployee Health form complete Prior	
28 (7-209:11) observed. Person	al Hems Being Stored over	RTE items
41 (3-304,14) observed Rogs w	orinks in up front frig of Being Stored in Sonitizer	Salution
49 (4-602,13) observed, wash	1 rack with Build up, over	
51 (5-205.15) observed, Plumbi - (8-304.11) observed. expired		(017)
All villations must	be completed prior	to
re-opening. Ft	dumbing on mainter	nousce 15
and rego dil	documents for H	Mon-up
The Contract of the Contract o	1 is in the last	TO GUILLING
14 VI Wartong 10 14 4858 SSment Fee	Mill be assesse	dat
* Repetate a week	dy Spran schehli	Sef-np.
rson in Charge (Signature)	Date:	5/18/18
pector (Signature) SMI HSEAS I	T#10 Date:	5/18/19
De Constitution Ello	5I #007	S04123-57 06/1



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		ment Inspection Report	Page 4 of 4
Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		License/Permit #	Date 5/17/17
Establishin W ()	PHY HOUSE Address S. DWP. OBSERVATIONS	City/State Corrective Actions	Zip Gode 1 Telephone 2006
Item Number	Violations cited in this report must be corrected w	vithin the time frames below or as stated in Section 8-	-405.11 of the Food Code
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Person in Cl	harge (Signature)	Dat Dat	CIVII