OFFICE OF THE DIRECTOR

February 8, 2018

Mohammad Awadallah 201 Concord Deli 201 Concord Ave. Wilmington, DE 19802

Dear Mr. Awadallah:

Closure of Food Establishment for Failure to Obtain a Permit

The Division of Public Health (DPH) formally mandates you to cease and desist all food establishment activities effective immediately at 201 Concord Deli, Wilmington, DE. Delaware law, 16 Del. C § 122 establishes the authority for Department of Health and Social Services to regulate food establishments. Our records indicate you failed to obtain a permit to offer prepared food for sale to the public. In addition, please refer to the State of Delaware Food Code, for information regarding prerequisites for operation of a food establishment.

The Division prohibits all food establishment activities until you have obtained a valid permit.

If you have any questions or concerns, please contact Mr. Jae Kim, of the Environmental Health Field Services – New Castle County at

Sincerely,

Keryl T. Rattay MD, MS

Director

Pc:

HSP Administration

OFP

EHFS - NCC

File



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 Page of of															
	Delaware Division of Public Health									r/Intervention Vic		2	Date	2	5-	18
	Office of Food Protection 417 Federal St., Dover, DE 19901						f Rep	eat Ri	sk Factor	/Intervention Viol	ations	NA	Time In	ut 2	30	2
	Establishment + \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							ite: [75	2019 [Zip Code.	1001	Teleph			4
_		1210	road Hallet 201 (occord 1			V	411	nil)(1980	2					
Lie	ense ADP	/Permit #	Permit Holder	11	þ	ur		of Ins	spection	10-	Est. Type		Ris	k Cate	gory	R
	A	No.		RS	Ai				LTH INTERVE	NTIONS	-25		THE CO		, all	
Г	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R															
		compliance	OUT=not in compliance N/O=not observed N/A=		~~		ble			S=corrected on-site	during inspe	ction	R=re	peat vio	Name and Address of the Owner, where the Owner, which the Owner, where the Owner, which the	-
100	Con	pliance	Status Supervision	lac	R		-	Comp	oliance S	Status Proper disposition	of raturna	i neavi	cuelu e	no cod	COS	R
1	IN OL	IT	Person in charge present, demonstrates knowledge.	T			17	IN OU.	F.	regarditioned & u		, presi	ously s	arveu.		
			and performs duties				7-	Ray	1 2	Almo/Temperatur				TA ST	1	
2	IN OL	JT N/A	Certifled Food Protection Manager Employee Health	L			18	IN OUT	NA NO	Proper cooking tir						
DIN		17 47 10		Г	T	4			OM AND							
3	IN OL	JT –	Management, food employee and conditional employee; knowledge, responsibilities and reporting			1			THA N/O				1			-
4	IN OL		Proper use of restriction and exclusion			1	122	IN QUI	N/A N/S	Broper cold holdin	ng temperati	ures				
5	IN OL	JT	Procedures for responding to vomiting and diarrheal events	1	L		23	IN OU	N/A N/O	Proper date mark	ing and disp	osltion				
a	IN OL	JT N/O	Good Hygienic Practices Proper eating, tasting, drinking, or tobacco use	7	V	1	24	IN OUT	N/A N/O	Time as a Public H	ealth Control		lures & r	ecords	- 200	Sec.
	IN OL		No discharge from eyes, nose, and mouth	\vdash	1		25	IN OUT	N/A	Consumer advisory	A Property of the Parket of th		dercook	ad food		
		100	Preventing Contamination by Hands	1	Ė				2 × 20 1	Highly Suscep	tible Popul	ations	A VIII	THE IS		H
8	IN OL	IT N/O	Hands clean & properly washed	1			26	IN OUT		Pasteurized foods	used; prohib	ted foo	ds not o	ffered		
9	IN OU	IT N/A N/O	No bare hand contact with RNE food or a pre-approved alternative procedure properly allowed			H	27	IN OUT		d/Color Additives Food additives: ar						
10	IN OU	IT	Adequate handwashing sinks properly supplied and accessible	T	\vdash	1		IN OUT		Toxic substances p				used		\dashv
	23/10		Approved Source	de				ou ^k S		onformance with				Walk L	Sing	
	IN ON	T-N/A N/O	Food obtained from abaroved source	-			29	IN OUT	N/A	Compliance with va	riance/specia	lized pr	acess/l-	ACCP		
	IN ON		Food received at proper temperature Food in good condition, safe, & unadulterated	+		1	Г								-	
		T N/A N/O	Required records available: shellstock tags,	+						important practices						
14	IN OP	I NVA NVO	parasite destruction							outing factors of food a control measures t						
150	IN OU	TWA N/O	Protection from Contamination		756						5					
16	IN OU	TNKA	Food-contact surfaces, cleaned & sanitized		\vdash											
NE.	-181		GOOD R	ET	JL I	PR	RACT	ICES	New Y		D. C.	MIN'S		1300V	150	SEE!
			Good Retail Practices are preventative measures to control	ol the	add	litic	on of p	athoge	ns, chemic	cals, and physical ob	jects into foo	ds.				
Vlark	"X" ir	box if num	bered item is not in compliance Mark "X" in appropriate	Too	-	20	S and	l/or R	COS	=corrected on-site of	luring inspect	tion	R=rep	eat viole		
25	CNS.	100	Safe Food and Water	100	1			-19	L VIII	Proper Use	of Utonsil	S	-	S-RYS	СОВ	R
30	_	Pasteu	rized eggs used where required				43		In-use ut	ensils: properly sto						
31	_		lice from approved source				44			equipment & linens:				MANAGEMENT OF THE PARTY OF THE		
32	O FEE	IVariano	e obtained for specialized processing methods Food Temperature Control				45		A STATE OF THE PARTY OF THE PAR	e/single-service arti	cles: propert	y stored	& used			-
90		Proper	cooling methods used; adequate equipment for						CHUVES U	sed properly Utensils, Equipn	nent and Ve	ending		KITCH!		育
33		temper	ature control				47		Food & n	on-food contact su		The same of			T	
34	_		od properly cooked for hot holding					-		designed, construc						1
36	_		ed thawing methods used				49			ing facilities; installe contact surfaces of	AND DESCRIPTION OF THE PARTY OF	d, & usi	ed; test s	trips	+	-
Thermometers provided & accurate Food Identification								-	14081-1000	THE RESIDENCE OF THE PARTY OF T	Facilities	T V	Nº S	A STATE OF	000	13
37		Food pr	operly labeled; original container				50		Hot & col	d water available;	adequate pr	essure				
38		NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	Prevention of Food Contamination				51		-	installed; proper b	The state of the s	The second second				
30	_		rodents, & animals not present nation prevented during food preparation, storage & display				52 53			waste water prop lities: properly con			& alas	had		-
40	_	1125	If cleanliness			-	54			& refuse properly con						+
41			cloths: properly used & stored				55		Physical f	facilities installed, r	naintained,	& clear	1			
42		Washin	g fruits & vegetables		4		56		Adequate	ventilation & lighti	ng; designa	ted are	as used		1	
018	Date: 2-5-18															
ispi	ector	(Signatur	of Kenneis, Bull hita	10	6		F	ollow-	up: YI	ES NO (Circle	one) Follo	w-up ()ato:			



	Inspection Report	Page 2 of 2
Health S 417 Fede	oral St., Dover, DE 19901 UnDermitted	Date 2-5-18
Establish		Telephone
S-OHIC	OBSERVATIONS AND CORRECTIVE ACTIONS	
Item		
Number		
	Complaint	
	A Line Complaint	1
	completenant states selling of products that have	been
	eater by mice. There are selling food to children	that have
	mice feres in the package and there is holes in fl	y food
	package There is roaches crowling on the coffe	o got.
	Par Mary Class of acting of the Cold	
	Observations	
	Upon inspection inspectors were accompanied	pq
	the city of wilm inspector and building inspectors	. Tosper for
	observed coffee slature and material Estice	establishme
	at is infected in the major and capped Tainetes	1 1
	on is intested with mice and roaches. Inspector	observed
	mouse trap unter equipment till of mire and atom	FSEVETE
	active reaches Operator attempted to remove cof	fec
1	and water ice voon our actival however operat	700
	already abouted Entire establishment is uncle	200
	& with arms Cosanitary conditions Establishing	a. of
	is unpermitted and operator has been previously	informed
	several times to cease operation of coffee and u	Jater Ice
	Violations	
28	4-501-111 (PF) Observed mouse and roach infests	tica -
2-12		
	te pest and gross unsanitary roads	nunc
	+ Operator was instructed to cease operation of	coffee
	and water reimmediately. Cease and Desist w	ill be
		plan review
	process application provided &	
	11 A A A A A A A A A A A A A A A A A A	
	Charge (Signature)	-1 SX
Person in C		3 &
Inspector (Signature) Kenneyle White Kil Et STI Date: 2-5-	18



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							t Inspection Report Page / of 2										
	Delaware Division of Public Health						No. of Risk Factor/Intervention Violations @ Date 2/6/18											
	Office of Food Protection 417 Federal St., Dover, DE 19901						No. of Repeat Risk Factor/Intervention Violations Time In 10:38aan											
	Establishment / _ / Address							y/Sta	ie.	acore (c	Zip Code		lephone	1260				
2	201 Concord Food Markey 201 Concord Ave.							tile		DE	1980	_	2)571-	0288				
	License/Permit # Permit Holder								ofInspection	9	Est. Type		Risk Cat	egory				
0	npe	mitte	FOODBO	RNE ILLNESS RISK FAC	10	ne:	00	CPI	10/aint	ALTELIANTENIA	APPLEADOR		Me	lien				
Г	HIDRING	Circle desi	THE PARTY OF THE P		radi	tam	MI	ו כוצ	ODLIC HE	Mark IVI in as	NTIONS	- fra 000	HOLES B	UP IT				
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered ite IN=in compliance OUT=not in compliance N/O=not observed N/A=not a								,, ,									
	Cor	mpliance	Status		THE PERSON NAMED IN	DB R	and Service.	ATEN	Compliance	Status	1			COS R				
-				rvision	O COL	-		17	IN OUT	Proper disposition		previous	ly served					
1	IN O	DUT	and performs duties	sent, demonstrates knowledge,						reconditioned & u		r Sufatu	and the second of					
2	IN O	OUT N/A	Certified Food Protect	ion Manager				18	IN OUT N/A N/					THE STATE OF				
'n	1700	100		se Health				19	N OUT N/A N/	Proper reheating			ding					
3	IN O	UT		nployee and conditional employee	;			1 - 1	N OUT N/A N/O	1 topes desoured till								
4	INO	DUT	Proper use of restriction		+	+	-		N OUT NA NA									
5			The state of the s	fing to vomiting and diarrheal events			1		N OUT N/A N/O									
Ÿ		20.10.77		nic Practices				The state of the	NOUT N/A N/O		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	100000000000000000000000000000000000000	s & record					
_	IN O		i topoi samili, tasmili	drinking, or tobacco use				1	1	Consume	er Advisory	A ST						
7	IN O	UT N/O	han discussings mountable	es, nose, and mouth mination by Hands		L		35	N OUT N/A	Consumer advisory	And the second s		ooked food	3				
8	IN O	UT N/O	7			1		26	N OUT N/A	Pasteurized foods			ant offered					
	V-0.0	UT N/A N/O		with RTE food or a pre-approved		1	1		and the second second second	od/Color Additives	and Toxic	Substano	os onered					
	100		alternative procedure	properly allowed	4	1			N OUT NA	Food additives: ap								
10	10 IN OUT Adequate handwashing sinks properly supplied and accessible 28 No OUT M/A Toxic substances properly identified, stored, & used																	
11	IN OL	UT	Food obtained from ap		T		1	29	N OUT N/A	Conformance with A	A STATE OF THE PARTY OF THE PAR	The second second second		FORES				
		UT N/A N/O	Food received at prope		1		1	100	10011111	Compliance with var	iance/speciali	zed proce	SSHACCP					
13	IN O	UT	Food in good condition	, safe, & unadulterated			1											
14	IN OL	UT N/A N/O	Required records avail	able: shellstock tage.		1		1	prevalent cont	re important practices ributing factors of food	or procedures borne illness	s identified or injury. F	as the mo	st th				
18	K.Z.	11-2-1-10-1	parasite destruction Protection from	Contamination	1	1		1	interventions a	are control measures to	prevent food	borne illne	ss or injur	у.				
15	IN OL	JT N/A N/O	Food separated and pr		1/	T		1										
16	IN OL	JT N/A	Food-contact surfaces		V		12	/										
100	TANK!	A DELEGIS	CHARLES N. C.	GOODR		and the same						2 - 10	STATISTICS.	The Str				
Ant	k "X" i	in how if norm	Good Retail Practice bered item is not in comp	s are preventative measures to controliance Mark "X" in appropriate										A. / / / / / / / / / / / / / / / / / / /				
,,,,,,	, ,, ,	III sara II Indiii	(Mark A mappropriate	969			S and	or K CC	S=corrected on-site d	uning inspection	on R	=repeat vio	cos R				
	2760	Marie Co	Safe Food		1					Proper Use	of Utensils		- Jav 506	302.5000				
3			rized eggs used where i					43	A STATE OF THE PERSON NAMED AND PARTY OF	itensils: properly sto								
3	_		& ice from approved sou	ed processing methods	\vdash	Н	1	44		, equipment & linens:								
30	E KE	J. C.	Food Tempera	The state of the s	1			46		se/single-service artic	es. property	stored & t	ised					
3:	3		cooling methods used	adequate equipment for				-4		Utensils, Equipm	ent and Ver	iding	T MAN					
3			ature control					47		non-food contact sui		able,						
3			ood properly cooked for ed thawing methods use		H			48		designed, construct	And the second s							
30			meters provided & acc				ı	49		shing facilities: installe d contact surfaces c	As a second contract of the second contract o	& used; to	est strips					
1	200		Food Ident							Physical		0.019	Altonomic Control	1925				
37		Food or	operly labeled original					50		old water available; a								
38		Innest	Prevention of Food				-	51 52		g installed; proper ba								
36			rodents, & animals not	present food preparation, storage & display			-	53		& waste water properly cons			lamonit					
40	1		al cleanliness	proposition, storage or display			1	54	Carlotte Children	& refuse properly d			-					
41	_	THE PERSON NAMED IN	cloths: properly used &	stored				55	Physical	facilities installed, m	naintained, &	clean						
42		Washin	g fruits & vegetables				L	56	Adequat	e ventilation & lighting	ig; designate	ed areas u	ised					
ers	prson in Charge (Signature) Date: 2/6/18																	
										1		-//(
sp	ector	(Signature	0) // wood for	HPC				ector (Signature) Massar Language HPC Follow-up: YES NO (Circle one) Follow-up Date:										



		Ins	pection	n Report			Page _2_ of _2_
Health S 417 Fed	e Division of Public Health systems Protection eral St., Dover, DE 19901			icense/Permit#			Date 2/6/18
Establish		Address	hio	City/State	DF	Zip Code 19 802	Telephone (302)571-0288
201 129	HOLD LOOK I MICHEY		ATIONS AN	D CORRECTIVE AC	CTIONS	17 000	12041211 0200
Item Number							
	A complaint	I was receive	ud on	2/6/1	8 concernin	9 201	(corred
	Frod Market.	Health D	eot.	visited +	acility or	2/	5/18
	after complains	I was receive	ed to	at states	1 coffee.	and w	afor ice
	was being ser	ved without	lag	court, as	well as	pers	35415
	Owner was se	at lease	und o	lessed les	Her for u	11.2652	illed sale
	of prepared y	loods and	City	of Wila	isoton Con	le In	force went
	closed facilis	'x until	2/	9/18 Ju.	to nes	1 150	495.
	Complainant 5	tated that	they	observe	I facilit	x sti	11 Laking
	customers a	Her closus	- (.				,
	Health De	of visited	1 fac	lify at	10:30 an	1 00	2/6/18
	and observed	I that the	ston	e was c	loved wi	11 50	will pate
	over front	Joar. C	: Ly 0:	F Wilpia	Non Cov	E En	Successent
	officer state	I that	they	would man	ritor fac	ility	to ensure
	Owner is Kee	ping the	Store	closed	at all	times.	
	· No turther	udian requi	red				
							ā.
							F
	Charge (Signature)				Date	e:	
Inspector (S	Signature) Man La	ma HPC			Dat	2/6/	18
	//	17.3					