OFFICE OF THE DIRECTOR

March 21, 2018

Richard Halliburton
Tri-State Sports & Entertainment
333 Naamans Rd. Ste. 3B
Claymont, DE 19703

Dear Mr. Halliburton:

Closure of Unpermitted Food Establishment

The Division of Public Health (DPH) formally mandates that you cease and desist all food establishment activities effective immediately at Tri-State Sports & Entertainment, Claymont, DE. Delaware law, 16 Del. C § 122 establishes the authority for Department of Health and Social Services to regulate food establishments. On March 14, 2018, a complaint inspection found Tri-State Sports & Entertainment preparing and selling food products without a valid food establishment permit.

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,

(Karyl 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												
Delaware Division of Public Health								and the second second		isk Factor/Intervention Violations Date 3-14-12			
Office of Food Protection						No.	of	Repe	eat Ris	sk Factor/Intervention Violations C Time In 1250			
	417 Federal St., Dover, DE 19901 Score (optional) N A Time Out 2. 50 c												
Ť	Establishment City/State State Sports + Enterlanger 333 Nagmans RA Ste 3B Claymon Dt 19703												
L,			ermit#	Permit Hall Hall Buc			uri	0050	of Ins				
	Vn	pe	rmi	Heci Kichara Hollingsw	or.	Th	_(Co	m	plaint FE Mod			
H	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS												
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable						Mark "X" in appropriate box for COS and/or R							
IN=in compliance OUT=not in compliance N/O=not observed N/A=n Compliance Status					_	pplic	Tab	-	Come	COS=corrected on-site during inspection R=repeat violation pllance Status			
h		dine	nance	Supervision		100	H			Proper disposition of returned previously served			
Г	1 IN	OUT		Person in charge present, demonstrates knowledge,		П	1	17 1	N OUT	reconditioned & unsafe food			
Ľ				and performs duties					330	Time/Temperature Control for Safety			
L	2 IN	OUT	N/A	Certified Food Protection Manager	L			Control of the last	11	N/A N/O Preper cooking time & temperatures			
100	II COM NO		MIN E	Employee Health						T N/A N/O Proper reheating procedures for hot holding			
1	3 IN	OUT		Management, food employee and conditional employee;						N/A-N/O Proper cooling time and temperature			
H	. IN	OUT		knowledge, responsibilities and reporting Proper use of restriction and exclusion		-				N/A N/O Proper hot holding temperatures FN/A N/O Proper cold holding temperatures			
H	5 IN			Procedures for responding to vomiting and diarrheal events						N/A N/O Proper date marking and disposition			
a	Jag.	No.	17.0	Good Hygienic Practices	7	A	V			N/A N/O Time as a Public Health Control; procedures & records			
.6		OUT	N/O	Proper eating, tasting, drinking, or tobacco use	1	1		11	\	Consumer Advisory			
2	7 IN	OUT	N/O	No discharge from eyes, nose, and mouth	V		K	26 H	N OUT				
H	lat	OLIT	NIC	Preventing Contemination by Hands	X	1	2	1	11	Highly Susceptible Populations			
L	3 IIN	OUT		Hands clean & properly washed	X			38/1	N OUT	N/A Pasteurized foods used; prohibited foods not offered Food/Color Additives and Toxic Substances			
\$	IN (OUT	N/A N/O	No bare hand contact with RTE food of a pre-approved alternative procedure properly allowed		1		27 B	N OUT	A CONTRACTOR OF THE CONTRACTOR			
1	O IN	OUT	٩	Adequate handwashing sinks properly supplied and accessible		1		-	NOUT	Too south of approved a property occu			
m	OW P	8	V8-143	Approved Source				85/19	ATTE:	Conformance with Approved Procedures			
1		out	1	Food obtained from approved source				29 li	N OUT	N/A Compliance with variance/specialized process/HACCP			
1			OW AW	Food received at proper temperature									
1	3 111 0	out	-	Food in good condition, safe, & unadulterated					Piek (factors are important practices or procedures identified as the most			
1	4 IN (OUTI	O/N A/N	Required record available: shellstock tags,					preval	lent contributing factors of foodborne Illness or injury. Public health			
Œ	120	100	WEST	paraète destruction Protection from Contemination		- 57			interv	rentions are control measures to prevent foodborne illness or injury.			
41	5 IN 0	TUC	N/A N/O	Food separated and protected				_					
	BING			Food-contact surfaces; cleaned & sanitized									
B	20/1	100	1	GOOD RE	TA	IL F	PR	ACT	CES				
				Good Retail Practices are preventative measures to control						Consultation of the contract o			
Ma	ark "X	in b	ox if num	bered item is not in compliance Mark "X" in appropriate	cos	-	00	S and	or R	COS=corrected on-site during inspection R=repeat violation			
10	E a col	All se	W. Constant	Safe Food and Water	COS	B	1		HA y	Proper Use of Utensils			
	30	100000	Pasteur	rized eggs used where required	No.		ď	43		In-use utensils: properly stored			
	31			k ice from approved source			ı	44		Utensils, equipment & linens: properly stored, dried, & handled			
1	32			e obtained for specialized processing methods				45		Single-use/single-service articles: properly stored & used			
NA.	100	Mr.C	NEW S	Food Temperature Control		971.1		46		Gloves used properly			
	33			cooling methods used; adequate equipment for			-	15 17		Utensils, Equipment and Vending			
- 9	34			ature control	_			47		Food & non-food contact surfaces cleanable,			
_	35	-		od properly cooked for hot holding			-	48		properly designed, constructed, & used			
-	36		-	ed thawing methods used meters provided & accurate			+	49	_	Warewashing facilities: installed, maintained, & used; test strips Non-food contact surfaces clean			
(7)	THE	die	-1949	Food Identification				700		Physical Facilities			
2	37		Food pr	operly labeled; original container				50		Hot & cold water available; adequate pressure			
630	OP TO		TO PROVI	Prevention of Food Contemination	rail.		-	51		Plumbing installed; proper backflow devices			
-	38			rodents, & animals not present			-	52	_	Sewage & waste water properly disposed			
_	39 40			nation prevented during food preparation, storage & display	-		-	53		Toilet facilities: properly constructed, supplied, & cleaned			
-	41		THE RESERVE OF THE PERSON NAMED IN	al cleanliness	-	-	7	55		Garbage & refuse properly disposed; facilities maintained Physical facilities installed, maintained, & clean			
_	42			g fruits & vegetables			1	56		Adequate ventilation & lighting; designated areas used			
Pe	rson	in C		Signature)			-			Date: 3-14-(8			
***	respector (Signature) Republic Willer THO Follow-up: YES NO (Circle one) Follow-up Date:												
. 10	poul	-110	- gratur	The state of the s	-	1	_	111	STORY .	ap. The life (Sustantial Lough-up page)			



Inspection Report Page 2 of 2								
Health S 417 Fede	ral St., Dover, DE 19901	Date 3-14-18						
Establish	State Sports 333 Nagmans Raste 3B Claymont DE Zip Code	3 Telephone						
	OBSERVATIONS AND CORRECTIVE ACTIONS							
Item Number								
	Compliant							
	Recieved complaint stating that Richard	and						
	Cacoline out Tri-State Sports Enterto	inment.						
	They are cooking on agrill out side and serving for	od to						
14,	people. He spits in his Wards. Asked him to provide	Mis food						
	recognition certificate but he could not produce it							
	Observations							
7	Upon inspection observed a grill outside of comm	erical						
	property Tri State Sport Ent store. Upon entering +	the facility						
	inspector observed table station with condiments	for)						
	hat dogs. Inspector spoke with owner regarding con	oplaint.						
	Owner provided a Temperary Food Establishment (TEI) permy						
	that expired in 2010. Owner indicates that by s	erving						
	Food outside it's his way of drawing traffic into hi	s state.						
	Inspector observed savages and hot dogs cooking	ongrill						
	and two con water ice tontainers. Inspector expl	ained to						
,	owner that he can not cook food outside and the	at he						
	must have a permitted establishment to be able-	o serve						
	Food to the public. Inspector informed operator	he must						
	cease operation immediately and to remove all food	items.						
	After speaking with Spervisor of health Dept, the	swher						
	was informed that he must complete a TEE applic	cation and						
	that he would be allowed 14 days to continue ope	ration,						
	until to he can determine his next steps. Inspec	tor provided						
	owner with plan review application and mobile	plan						
	review application. Owner states he will come by t	lealth						
	Dept office tomorrow to retrieve TEE application and for	eview						
	Further regulations. p. 1							
Person in	Charge (Signature) Date: 3-1	4-18						
	1 1 1 1 1 1 1 CHST	1-18						
Inspector (Signature) Ruhery While P TT Date: 3-10	1 1 0						



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Food Establishment Inspection Report							ort			Р	age !	_ of <u>s</u>	7									
Delaware Division of Public Health							T	No. of Risk Factor/Intervention Violations O Date Date														
Office of Food Protection							l	No. of Repeat Risk Factor/Intervention Violations Time In 12.30														
417	417 Federal St., Dover, DE 19901										_				Score	e (optio		MA	Time O	-	50	2.0
Establishment Address A								Cit	y/St	-	_	50 C Z	1	138	Zip	Code	·	Teleph	опе	500		
	For State Hot Was 300 Nanmuns							12	4				11101	11	DE		110		007	77 75	_ ()<	2 1
License/Permit # Permit Holder						1	Pu	6.		of Insp	ales and a second				Type		RIS	k Cate		1		
	NO 10 FOODBORNE ILLNESS RISK FACTO							OR	9 8		-	A Company of the	-	LTI-	INTER					1 Cn		
NUE	TAQ IV						-	-	1 Miles	I I I I	of hard too 15	S. S. S. Sent Co.	-	Mark "X" ii	CONTRACTOR OF THE PARTY OF THE	MARCH COLORS		OS and/o	or P	100		
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered its IN=In compliance OUT=not in compliance N/O=not observed N/A=not a							ible			CO		ected on-s					peat vio	stion	n			
					cos			C	Compl	iance S			OTTO MINIT	ng mop.		72 70		COS				
2000	-011	TPII	alle	The second secon	vision	DEC.	SALES OF THE PARTY		100	-	T		iarico o		er disposi	tion of	returne	d, prev	vioušly se	erved,		
				Person in charge pres		ates kno	wledge.			1	7 IN	1 OUT		recon	ditioned	& unsa	fe food					
1	N OI	JT		and performs duties	ant, admonstr	1,00 1110	mougo,			140	-	0 28		Time/	Tempera	sture C	ontrol	for Sat	fety	2/16	1118	18
2 1	N OI	JT N	I/A	Certified Food Protect	ion Manager			П		1	8 IN	TUO	N/A N/O	Prope	er cooking	g time &	& temp	erature	S			
100	18	AN			o Health	W. N. J.				1	9 11	I TUO I	N/A N/O		er reheati							
			-	Management, food em	anlovee and co	nditiona	l employee			2	41 6	TUO	N/A N/O	Prope	er cooling	time a	nd tem	peratu	re			
3 1	N OI	JT	- 1	knowledge, responsibi			employee,			2	1 11	I JUÓ I	N/A N/O	Prope	er hot hole	ding ter	mperati	ures				
4	N OL	JT		Proper use of restriction					1	2	2 11	YTUO I	N/A N/O	Prope	ar cold ho	olding te	empera	tures				
5 1	N OL	JT	4	Procedures for respond			heal events			2	3 11	TUO	N/A N/O	Prope	ar date m	arking	and dis	positio	n			
988	25114		100		nic Practices	The same	The state of	M		2	4 IN	I TUO I	N/A'N/O	Time	as a Rubli	c Health	Contro	l; proce	dures & r	ecords		
6	N OI	JT	N/O	Proper eating, tasting,	drinking, or to	bacco u	se						N/			umor A			Description			
	N OL		N/O	No discharge from eye	es, nose, and r	nouth				2	5 1	TUO	N/A		ımer aldvis					ed food		
Trible	all)	1	4 - 15	Preventing Contar	mination by H	ands	H TKT	1		143			4	Hig	Inly Susc	eptible	e Popu	lation	grations	11.00	West.	PI, I
8	N OI	JT ,	-NO	Hands clean & proper	ly washed					2	BIN	TUO			unized foo					offered		
9	N OI	14	I/A N/O	No bare hand contact	with RTE food	or a pre	-approved				36	03	-	d/Cati	or Additi	ves an	d Toxi	c Subs	tances			-33
		1	I/A N/O	alternative procedure			1					1 TUG-4			additives							
10	N OL	JT.		Adequate handwashing t		pplied an	d accessible			21	BIN	1 TUO I			substanc					used		
		17		Approve	d Source	"I iz				16	100			ornom	nance wi	ith App	roved	Proce	dures	Tally .	988	
11.	N OL	IT!		Food obtained from ag						2	9 IN	1 TUO 1	N/A	Comp	liance with	h varian	ce/spec	ialized	process/h	IACCP		
12	N OI	א דנ	VA N/O	Food received at prop	er temperature)					_			/								ř.
13	N OL	JT	1	Food in good condition			ii					Dlok fo		- i	rtant pract	lionn or	propodi	roe ide	ntified es	the mos	ı.	
14 1	N. OI	IT N	ON AN	Required recolds avai	lable: shellstoo	k tags,						prevale	ant contrib	buting	factors of	foodbor	ne illnes	ss or Inj	ury. Publ	c healt	1	
	IN OUT N/A M/O Required records available: shellstock tags, parasite destruction											ol measur										
1 144		101	1	Protection from		n	Wings all				_								Tt			
	N OUT N/A N/O Food separated and protected									J.												
16	N OI	JTN	I/A	Food-contact surfaces	cleaned & sa	nltized	.00000	per light go	23 27	P A	-	OFC										-
0.00			N. Marie	All Annual Control	75 77 73	1	GOOD R	4000	PER CHARGO		14170		110000		2755			THE O	S. Cafe	SECTION.		400
				Good Retail Practice															WILDER	D.C. WINDOWS	2000	
Mark	"X"	in bo	ox if num	bered item is not in com	pliance 1	vlark "X"	in appropriate	cos		OS I	art ci/	or R	COS	5=corn	acted on-s	ate duni	ig inspe	ection	K#ret	eat viol	cos	
					200			COS	- 8	-					Proper	Hea of	Utano	He			000	To the last
0.0		8-11	-		and Water	7.7					43	1 1	Section					119		-		9 11
30	_		A second	rized eggs used where				-		-	43				properly			torad -	triori e l	andle d		
31	_			& ice from approved so		CONTRACTOR OF THE PARTY OF THE	12.5			-	46		The second second second	-	nent & IIII le-service	Commence of the Party of the Pa	The second second	the state of the s	ASSESSMENT OF THE PARTY OF THE PARTY.	AND RESIDENCE AN		
32			Variand	e obtained for speciali		method	15	172		-	46		Single-us Gloves u		222	BITICIES	. prope	ity stor	-u a use	u .		
and d	-		n	Food Temper	The second secon			1			70	1 1	SIOVES U		ropeny isils, Equ	dipmer	ot and t	Vendin	io .	Nine	1736	STOP .
33				cooling methods used;	adequate equ	ipment f	or					T I	Food 9		od contac	THE PERSON NAMED IN						
24	-	_		ature control	to the trans					- 1	47	1 1			ned, cons				1			
34	_		-	ood properly cooked for						-	48	1 1			cilities: ins				is orlitort	strips		
_	Proproved that might be a sea					-	49	-	THE REAL PROPERTY.	Total Laboratory	act surfac	indulation in the last	Children and Children	TOU, OC	racu, tost	autpa						
36 Thermometers provided & accurate								N.	1	1000	CONTR	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	ical Fa		He I I	de Mila	e della	150	100			
Food Identification Food properly labeled; original container Thysical Facilities Food water available; adequate pressure																						
37			rood pi	Prevention of Foo	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow	tion	ASSESSMENT OF THE PARTY OF THE				51				iled; prop							
38	1	- 24	Incosts			MANUAL TO A STATE OF THE STATE				-	52			Name and Address of the Owner, where	te water		-					
39	_		Insects, rodents, & animals not present Contamination prevented during food preparation, storage & display						/		53				properly				d, & clea	ined		
40	_		Personal cleanliness					1			54				ise prope							
41	_		Wiping cloths: properly used & stored						-	55	-	The Person of the Party of the		es Install	-		The state of the s					
42								1	56				lation & I			a male a second		ed				
		n C		Signature)	1/1	W					,						e: 5					
				di.	11.	1 1	:61	IT	115	TT					1		s 72					
Inspi	nspector (Signature) Put negret of the Authority Follow-up: YES NO (Circle one) Follow-up Date:																					



Inspection Report Page of									
Health S	e Division of Public Health ystems Protection yral St., Dover, DE 19901	License/Permit #	Date 5.1.18						
Establish	state for Dogs Address Nagmans No	City/State	Zip Code 3027988875						
11.1		AND CORRECTIVE ACTIONS	1 1 1 2 1502 19 8 6 9 12						
Item Number			Ŧ ⁽⁴⁾						
	Mobile	PR-OR	774-2						
	This inspection report	serves as you	rinterim tood						
	Establishment Permit 1	o operate and 1	t expires on						
	1/31/2018. YOU WILL DO		emit tee.						
	fail it to pay the per	mittee may re	isult in closure.						
	NOTE: CEPM 10FB								
	MOST RECENT INSP	CTION SIGNAGE	I,						
	' EMPLOYEE HEALT	+	,						
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	1								
	1								
	<u> </u>	· .							
		/ .							
7	01.110								
7	Kerth Holyak								
Person in C	Charge (Signature)		Date: 5-1-18						
Inspector (D. Carl The	CHST	Date: 5-1-18						