



Food Establishment Inspection Report

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|--|------------------------|--|------------------|-------------------------|
| Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901 | | No. of Risk Factor/Intervention Violations | 1 | Date 01/09/2020 |
| | | No. of Repeat Risk Factor/Intervention Violations | 1 | Time In 2:15 PM |
| | | Score (optional) | | Time Out 3:30 PM |
| Establishment | Address | City/State | Zip Code | Telephone |
| Gordons Pizza | 3044 New Castle Avenue | New Castle, DE | 19720 | 302-658-8999 |
| License/Permit # | Permit Holder | Purpose of Inspection | Est. Type | Risk Category |
| N000944 | Ismail Alshami | Follow-up | Permanent | Medium |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS/GOOD RETAIL PRACTICES

| Supervision | | | |
|-------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 01 | Person in charge present, demonstrates knowledge, and perform duties | | |
| 02 | Certified Food Protection Manager | | |

| Employee Health | | | |
|-------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 03 | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | |
| 04 | Proper use of restriction and exclusion | | |
| 05 | Procedures for responding to vomiting and diarrheal events | | |

| Good Hygienic Practices | | | |
|-------------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 06 | Proper eating, tasting, drinking or tobacco use | | |
| 07 | No discharge from eyes, nose, and mouth | | |

| Preventing Contamination by Hands | | | |
|-----------------------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 08 | Hands clean & properly washed | | |
| 09 | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | |
| 10 | Adequate handwashing sinks properly supplied and accessible | | |

| Approved Source | | | |
|-------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 11 | Food obtained from approved source | | |
| 12 | Food received at proper temperature | | |
| 13 | Food in good condition, safe, & unadulterated | | |
| 14 | Required records available: shellstock tags, parasite destruction | | |

| Protection from Contamination | | | |
|-------------------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 15 | Food separated and protected | | |
| 16 | Food-contact surfaces; cleaned & sanitized | | |
| 17 | Proper disposition of returned, previously served, reconditioned & unsafe food | | |

| Time/Temperature Control for Safety | | | |
|-------------------------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 18 | Proper cooking time & temperatures | | |
| 19 | Proper reheating procedures for hot holding | | |
| 20 | Proper cooling time and temperature | | |
| 21 | Proper hot holding temperatures | | |
| 22 | Proper cold holding temperatures | | |
| 23 | Proper date marking and disposition | | |
| 24 | Time as a Public Health Control; procedures & records | | |

| Consumer Advisory | | | |
|-------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 25 | Consumer Advisory provided for raw/undercooked food | | |

| Highly Susceptible Populations | | | |
|--------------------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 26 | Pasteurized foods issued; prohibited foods not offered | | |

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| Person In Charge (Signature) | Date: |
| Inspector (Signature) NCC-EHSII-O46 | Follow-up: YES Follow-up Date: 01/23/2020 |



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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS/GOOD RETAIL PRACTICES

| Food/Color Additives and Toxic Substances | | | |
|---|--|-----|---|
| Compliance Status | Description | COS | R |
| 27 | Food additives; approved & properly used | | |
| 28 | Toxic substances properly identified, stored, & used | | |

| Conformance with Approved Procedures | | | |
|--------------------------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 29 | Compliance with variance/specialized process/HACCP | | |

| Safe Food and Water | | | |
|---------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 30 | Pasteurized eggs used where required | | |
| 31 | Water & ice from approved source | | |
| 32 | Variance obtained for specialized processing methods | | |

| Food Temperature Control | | | |
|--------------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | |
| 34 | Plant food properly cooked for hot holding | | |
| 35 | Approved thawing methods used | | |
| 36 | Thermometers provided & accurate | | |

| Food Identification | | | |
|---------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 37 | Food properly labeled; original container | | |

| Prevention of Food Contamination | | | |
|----------------------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 38 | Insects, rodents, & animals not present | | |
| 39 | Contamination prevented during food preparation, storage & display | X | X |
| 40 | Personal cleanliness | | |
| 41 | Wiping cloths: properly used & stored | | |
| 42 | Washing fruits & vegetables | | |

| Proper Use of Utensils | | | |
|------------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 43 | 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 | | | |
|---------------------------------|--|-----|---|
| Compliance Status | Description | COS | R |
| 47 | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 48 | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | Non-food contact surfaces clean | | |

| Physical Facilities | | | |
|---------------------|---|-----|---|
| Compliance Status | Description | COS | R |
| 50 | Hot & cold water available; adequate pressure | | |
| 51 | Plumbing installed; proper backflow devices | | |

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| Person In Charge (Signature) | Date: |
| Inspector (Signature) NCC-EHSII-O46 | Follow-up: YES Follow-up Date: 01/23/2020 |



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| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS/GOOD RETAIL PRACTICES | | | | | |
| Physical Facilities | | | | | |
| 52 | | Sewage & waste water properly disposed | | | |
| 53 | | Toilet facilities: properly constructed, supplied, & cleaned | | | |
| 54 | | Garbage & refuse properly disposed; facilities maintained | | | |
| 55 | | Physical facilities installed, maintained, & clean | | | |
| 56 | | Adequate ventilation & lighting; designated areas used | | | |

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| OBSERVATIONS AND CORRECTIVE ACTIONS | | | | | |
| Item Number | | | | | |
| 38 | 6-501.111/Pests are present (i.e. rodents, insects)(Priority Foundation) Observed 3 live roached under the lid of the pizza bain marie. 1 baby roach was observed under the pizza oven. All roaches were dying from the treatment received from Total Pest. Corrected On Site-Repeat -All pest were controlled and eliminated by pest control company and management. Equipment were re-cleaned and sanitized. | | | | |
| INSPECTION NOTES | | | | | |
| 8-404.11 - P - Food establishment was closed due to imminent health hazard and pest infestation. Establishment have been properly cleaned and sanitized. Pest control company was able to treat food establishment including all kitchen equipment. Pest control company was on site during the re-inspection. Pest control services have been increase accordingly. Food establishment is approved to open and operate, and a follow up inspection will be performed on January 23, 2020 to verified that controls put in placed by management and pest control company are effective. | | | | | |
| 8-601.10 - C- A \$50.00 re-inspection fee has been assessed due to the regulatory authority deeming re-inspection to confirm compliance with DE food code. | | | | | |

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