



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).

<b>Food Establishment Inspection Report</b>				Page <u>1</u> of <u>2</u>			
Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations: <u>0</u>	Date: <u>1/19/18</u>				
		No. of Repeat Risk Factor/Intervention Violations: <u>0</u>	Time In: <u>11:10</u>				
		Score (optional): <u>N/A</u>	Time Out: <u>11:45</u>				
Establishment: <u>Amracana Saudades</u>	Address: <u>203 Newark Shopping Center</u>	City/State: <u>Newark DE</u>	Zip Code: <u>19711</u>	Telephone: <u>832-5594</u>			
License/Permit #: <u>1161244 7/1/18</u>	Permit Holder: <u>Saudades Group LLC DBA</u>	Purpose of Inspection: <u>Follow up</u>	Est. Type: <u>FE</u>	Risk Category: <u>Med</u>			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item			Mark "X" in appropriate box for COS and/or R				
IN=in compliance    OUT=not in compliance    N/O=not observed    N/A=not applicable			COS=corrected on-site during inspection    R=repeat violation				
Compliance Status		Supervision		Compliance Status			
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties		17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	
2	IN OUT N/A	Certified Food Protection Manager		Time/Temperature Control for Safety			
Employee Health							
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		18	IN OUT N/A N/O	Proper cooking time & temperatures	
4	IN OUT	Proper use of restriction and exclusion		19	IN OUT N/A N/O	Proper reheating procedures for hot holding	
5	IN OUT	Procedures for responding to vomiting and diarrheal events		20	IN OUT N/A N/O	Proper cooling time and temperature	
Good Hygienic Practices							
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		21	IN OUT N/A N/O	Proper hot holding temperatures	
7	IN OUT N/O	No discharge from eyes, nose, and mouth		22	IN OUT N/A N/O	Proper cold holding temperatures	
Preventing Contamination by Hands							
8	IN OUT N/O	Hands clean & properly washed		23	IN OUT N/A N/O	Proper date marking and disposition	
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records	
10	IN OUT	Adequate handwashing sinks properly supplied and accessible		Consumer Advisory			
Approved Source							
11	IN OUT	Food obtained from approved source		25	IN OUT N/A	Consumer advisory provided for raw/undercooked food	
12	IN OUT N/A N/O	Food received at proper temperature		Highly Susceptible Populations			
13	IN OUT	Food in good condition, safe, & unadulterated		26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
14	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction		Food/Color Additives and Toxic Substances			
Protection from Contamination							
15	IN OUT N/A N/O	Food separated and protected		27	IN OUT N/A	Food additives: approved & properly used	
16	IN OUT N/A	Food-contact surfaces; cleaned & sanitized		28	IN OUT N/A	Toxic substances properly identified, stored, & used	
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance			Mark "X" in appropriate box for COS and/or R				
			COS=corrected on-site during inspection    R=repeat violation				
Safe Food and Water		Proper Use of Utensils		Compliance Status			
30	Pasteurized eggs used where required		43	OK In-use utensils: properly stored			
31	Water & ice from approved source		44	OK Utensils, equipment & linens: properly stored, dried, & handled			
32	Variance obtained for specialized processing methods		45	OK Single-use/single-service articles: properly stored & used			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		46	OK Gloves used properly			
34	Plant food properly cooked for hot holding		Utensils, Equipment and Vending				
35	Approved thawing methods used		47	OK Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
36	Thermometers provided & accurate		48	OK Warewashing facilities: installed, maintained, & used; test strips			
Food Identification							
37	Food properly labeled; original container		49	OK Non-food contact surfaces clean			
Prevention of Food Contamination							
38	Insects, rodents, & animals not present		Physical Facilities				
39	OK Contamination prevented during food preparation, storage & display		50	Hot & cold water available; adequate pressure			
40	Personal cleanliness		51	Plumbing installed; proper backflow devices			
41	Wiping cloths: properly used & stored		52	Sewage & waste water properly disposed			
42	Washing fruits & vegetables		53	Toilet facilities: properly constructed, supplied, & cleaned			
Person in Charge (Signature): <u>[Signature]</u>		Date: <u>1/19/18</u>					
Inspector (Signature): <u>Jessie Otten</u>		Follow-up: YES <u>NO</u> (Circle one) Follow-up Date:					

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.



### Inspection Report

Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901		License/Permit # <u>N161244</u>	Date <u>1/19/18</u>
Establishment <u>Churascaria Saudades</u>	Address <u>203 Newark Shopping Ctr</u>	City/State <u>Newark DE</u>	Zip Code <u>19711</u>
		Telephone <u>832-5594</u>	

**OBSERVATIONS AND CORRECTIVE ACTIONS**


Item Number	
10	5-202.12 (PF) Observed hand sink at beverage station upstairs now above to reach at least 100°F.
48	4-302.14 (PF) Test strips now available for sanitizer.
47	4-501.11 C Observed two door refrigerator now in operating conditions.
45	4-904.11 C <del>FE</del> Straws now in dispenser
43	3-304.12 C Ice scoops now in container
39	3-305.11 C Food now stored 6in off of floor in freezer.



**DELAWARE HEALTH AND SOCIAL SERVICES**  
Division of Public Health

**Jessie Outten**  
Environmental Health Specialist II

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Chopin Building • 258 Chapman Road, Suite 105  
Newark, DE 19702  
Phone: (302) 283-7110 • Fax: (302) 283-7111  
jessie.outten@state.de.us

Person in Charge (Signature)		Date: <u>1/19/18</u>
Inspector (Signature)	<u>Jessie Outten #1518</u>	Date: <u>1/19/18</u>



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 1 of 2

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations <u>2</u>		Date <u>12/28/17</u>
		No. of Repeat Risk Factor/Intervention Violations <u>0</u>		Time In <u>12:00</u>
		Score (optional) <u>N/A</u>		Time Out <u>2:00</u>
Establishment <u>Chinascania Savadades</u>	Address <u>203 Newark Shopping Center</u>	City/State <u>Newark DE</u>	Zip Code <u>19711</u>	Telephone <u>832-5594</u>
License/Permit # <u>N141244 7/1/18</u>	Permit Holder <u>Savadades Gouvlou</u>	Purpose of Inspection <u>Routine</u>	Est. Type <u>FE</u>	Risk Category <u>Med</u>

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS		R	
<b>Personnel</b>					
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager			
<b>Management</b>					
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee: knowledge, responsibilities and reporting			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events			
<b>Food</b>					
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper eating, fasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	No discharge from eyes, nose, and mouth			
<b>Handwashing by Hands</b>					
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Hands clean & properly washed			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly supplied and accessible			
<b>Food Source</b>					
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Food received at proper temperature			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated			
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Required records available: shellstock tags, parasite destruction			
<b>Food Storage and Protection</b>					
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Food separated and protected			
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces: cleaned & sanitized			

Compliance Status		COS		R	
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food			
<b>Time/Temperature Control for Safety</b>					
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper cooking time & temperatures			
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper cooling time and temperature			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper hot holding temperatures			
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper cold holding temperatures			
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper date marking and disposition			
24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Time as a Public Health Control: procedures & records			
<b>Consumer Advisory</b>					
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>					
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxins &amp; Allergens</b>					
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used			
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Processes</b>					
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance/specialized process/HACCP			

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

### GOOD RETAIL PRACTICES

Compliance Status		COS		R	
<b>Safe Food and Water</b>					
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required			
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source			
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing methods			
<b>Temperature Control</b>					
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control			
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding			
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used			
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate			
<b>Food Labeling</b>					
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container			
<b>Food Contamination</b>					
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present			
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display			
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness			
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored			
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables			
<b>Proper Use of Utensils</b>					
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored			
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled			
45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use/single-service articles: properly stored & used			
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly			
<b>Utensils, Equipment and Venting</b>					
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips			
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean			
<b>Physical Facilities</b>					
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure			
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices			
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed			
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned			
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained			
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, & clean			
56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature) [Signature]  
Inspector (Signature) Jessie Cotton EHST

Date: 12/28/17

Follow-up:  YES  NO (Circle one) Follow-up Date: 1/8/18



### Inspection Report

Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901		License/Permit # <u>N161244</u>	Date <u>12/28/17</u>
Establishment <u>Chuwascara Soudades</u>	Address <u>803 Warwick Shopping City Newark DE</u>	City/State <u>Newark DE</u>	Telephone <u>302-5594</u>
		Zip Code <u>19711</u>	

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Description
10	5-202.12 (PF) Observed hand sink at beverage station upstairs unable to reach at least 100°F.
48	4-302.14 (PF) Test strips unavailable for sanitizer.
47	4-501.11 C Observed two door refrigerator near cook line not in operating condition.
45	4-904.11 C Unwrapped straws at bar. Please order wrapped or use straw dispenser.
43	3-304.12 C Observed ice scoop not in container/bag.
39	3-305.11 C Observed food stored on floor in freezer.
	<u>NOTE:</u> employee health form given Sew Safe ✓ Inspection sign given
	* For future routine inspections, a fee will be assessed for any repeat violations or any violations that warrant a follow up inspection.
	Reinspection on or before 1/8/18.
	- Will work with management on time frame to repair hot water on hand sink.

Person in Charge (Signature)	Date: <u>12/28/17</u>
Inspector (Signature) <u>Jessie Outhwaite</u>	Date: <u>12/28/17</u>



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 1 of 1

Delaware Division of Public Health  
Office of Food Protection  
417 Federal St., Dover, DE 19901

No. of Risk Factor/Intervention Violations: 0  
No. of Repeat Risk Factor/Intervention Violations: 0  
Score (optional): NA

Date: 10-27-16  
Time In: 10:45 AM  
Time Out: 11:35 AM

Establishment: CHARRAS CARIA SAUOADES  
Address: 203 NEWARK SHOPPING CTR.  
License/Permit #: NIGI 244 (7-17)  
Permit Holder: SAUOADES GROUP LLC

City/State: NEWARK, DE  
Zip Code: 19711  
Purpose of Inspection: ROUTINE  
Est. Type: FE  
Risk Category: MEDIUM  
Telephone: 832-5594

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS		R	
<b>Supervision</b>					
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager			
<b>Employee Health</b>					
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events			
<b>Good Hygienic Practices</b>					
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>					
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly supplied and accessible			
<b>Approved Source</b>					
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated			
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>					
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected			
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces; cleaned & sanitized			

Compliance Status		COS		R	
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food			
<b>Time/Temperature Control for Safety</b>					
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperature			
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time and temperature			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperature			
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperature			
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking and disposition			
24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a Public Health Control; procedures & records			
<b>Consumer Advisory</b>					
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>					
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>					
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used			
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>					
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance/specialized process/HACCP			

Risks factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

### GOOD RETAIL PRACTICES

Compliance Status		COS		R	
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in the box if numbered is <b>not</b> in compliance. Mark "X" in appropriate box for COS and/or R. COS=corrected on-site during inspection R=repeat violation					
<b>Safe Food and Water</b>					
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required			
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source			
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>					
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control			
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding			
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used			
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate			
<b>Food Identification</b>					
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container			
<b>Prevention of Food Contamination</b>					
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present			
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display			
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness			
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored			
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruit & vegetables			
<b>Proper Use of Utensils</b>					
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored			
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled			
45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use/single-service articles: properly stored & used			
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly			
<b>Utensils, Equipment and Vending</b>					
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips			
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean			
<b>Physical Facilities</b>					
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure			
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices			
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed			
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned			
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained			
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, & clean			
56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used			

NO VIOLATIONS

Person in Charge (Signature): [Signature] Date: 10-27-16  
Inspector (Signature): [Signature]  
Follow-up: YES ( ) NO (  ) Follow-up Date: \_\_\_\_\_



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 1 of 2

Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Risk Factor/Intervention Violations		Date
		No. of Repeat Risk Factor/Intervention Violations		Time In
Establishment <i>Churrascaria Saudades</i>		Address 203 Newark Shopping Center		City/State Newark DE
License/Permit # new		Permit Holder Saudades 9124		Purpose of Inspection Pre-operation
Zip Code 19711		Telephone 832-5594		Risk Category Med.
Score (optional) NA		Time Out 1:15		Est. Type FE

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.  
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

Compliance Status		Compliance Status	
IN	OUT	IN	OUT
<b>Supervision</b>			
1	IN	17	IN
Person in charge present, demonstrates knowledge, and performs duties		Proper disposition of returned, previously served, reconditioned & unsafe food	
2	IN	<b>Time/Temperature Control for Safety</b>	
Certified Food Protection Manager		18	IN
		Proper cooking time & temperature	
<b>Employee Health</b>			
3	IN	19	IN
Management, food employee and conditional employee; knowledge, responsibilities and reporting		Proper reheating procedures for hot holding	
4	IN	20	IN
Proper use of restriction and exclusion		Proper cooling time and temperature	
5	IN	21	IN
Procedures for responding to vomiting and diarrheal events		Proper hot holding temperature	
<b>Good Hygienic Practices</b>			
6	IN	22	IN
Proper eating, tasting, drinking, or tobacco use		Proper cold holding temperature	
7	IN	23	IN
No discharge from eyes, nose, and mouth		Proper date marking and disposition	
<b>Preventing Contamination by Hands</b>			
8	IN	24	IN
Hands clean & properly washed		Time as a Public Health Control; procedures & records	
9	IN	<b>Consumer Advisory</b>	
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		25	IN
10	IN	Consumer advisory provided for raw/undercooked food	
Adequate handwashing sinks properly supplied and accessible		<b>Highly Susceptible Populations</b>	
<b>Approved Source</b>			
11	IN	26	IN
Food obtained from approved source		Pasteurized foods used; prohibited foods not offered	
12	IN	<b>Food/Color Additives and Toxic Substances</b>	
Food received at proper temperature		27	IN
13	IN	Food additives: approved & properly used	
Food in good condition, safe, & unadulterated		28	IN
14	IN	Toxic substances properly identified, stored, & used	
Required records available: shellstock tags, parasite destruction		<b>Conformance with Approved Procedures</b>	
<b>Protection from Contamination</b>			
15	IN	29	IN
Food separated and protected		Compliance with variance/specialized process/HACCP	
16	IN	Risks factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.	
Food-contact surfaces; cleaned & sanitized			

### GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in the box if numbered is not in compliance. Mark "X" in appropriate box for COS and/or R. COS=corrected on-site during inspection R=repeat violation

Safe Food and Water		Proper Use of Utensils	
IN	OUT	IN	OUT
30	IN	43	IN
Pasteurized eggs used where required		In-use utensils: properly stored	
31	IN	44	IN
Water & ice from approved source		Utensils, equipment & linens: properly stored, dried, & handled	
32	IN	45	IN
Variance obtained for specialized processing methods		Single-use/single-service articles: properly stored & used	
<b>Food Temperature Control</b>			
33	IN	46	IN
Proper cooling methods used; adequate equipment for temperature control		Gloves used properly	
34	IN	<b>Utensils, Equipment and Vending</b>	
Plant food properly cooked for hot holding		47	IN
35	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
Approved thawing methods used		48	IN
36	IN	Warewashing facilities: installed, maintained, & used; test strips	
Thermometers provided & accurate		49	IN
		Non-food contact surfaces clean	
<b>Food Identification</b>			
37	IN	<b>Physical Facilities</b>	
Food properly labeled; original container		50	IN
<b>Prevention of Food Contamination</b>			
38	IN	Hot & cold water available; adequate pressure	
Insects, rodents, & animals not present		51	IN
39	IN	Plumbing installed; proper backflow devices	
Contamination prevented during food preparation, storage & display		52	IN
40	IN	Sewage & waste water properly disposed	
Personal cleanliness		53	IN
41	IN	Toilet facilities: properly constructed, supplied, & cleaned	
Wiping cloths: properly used & stored		54	IN
42	IN	Garbage & refuse properly disposed; facilities maintained	
Washing fruit & vegetables		55	IN
		Physical facilities installed, maintained, & clean	
		56	IN
		Adequate ventilation & lighting; designated areas used	

Person in Charge (Signature) <i>John Keys</i>	Date: <u>3/31/16</u>
Inspector (Signature) <i>John Butcher</i>	Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/>
Follow-up Date:	



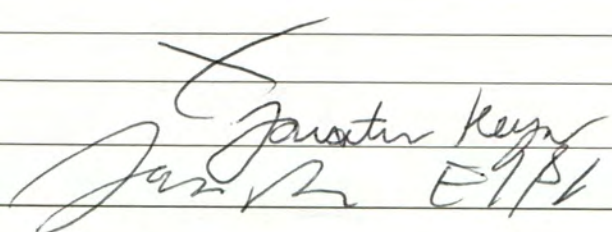
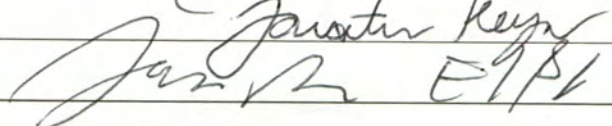
**Inspection Report**

Page 2 of 2

Delaware Division of Public Health Health Systems Protection 417 Federal St., Dover, DE 19901		License/Permit # <u>new</u>	Date <u>3/31/16</u>
Establishment <u>churros</u> <u>Rosalia Saudate</u>	Address <u>203 Newark shopping</u>	City/State <u>NEWARK, DE</u>	Telephone <u>832-5594</u>
		Zip Code <u>19711</u>	

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	
	<p>Conditions from ATC#            15-NC-140-FE have been met:</p> <p>This inspection report serves as your temporary permit to operate. It will expire on May 30 2016. You will be notified &amp; you for the yearly permit. Failure to pay permit fee may result in closure.</p>

Person in Charge (Signature) 	Date: <u>3/31/16</u>
Inspector (Signature) 	Date: <u>3/31/16</u>



**DELAWARE STATE FIRE MARSHAL  
RANGE HOOD FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION**



Annual Certificate of Inspection     Non-Annual WITH a MAJOR deficiency

Property/Address Changed

**PROTECTED PROPERTY**

Name: Cherocoom Swedes    Owner/Contact: \_\_\_\_\_  
Address: 203 Newark Shopping Center    Phone #: \_\_\_\_\_  
City: Newark DE

**PROPERTY OWNER**

Owner: [Signature]    Address: \_\_\_\_\_

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: QUALITY III FIRE PROTECTION, INC.    FSL #: 0072  
Technician's Name: Chob Apr 6    Date: 11-6-18

**HOOD SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site?     Yes     No  
If yes, provide name, location and phone # of monitoring station: \_\_\_\_\_

**SYSTEM INFORMATION**

System ID Number: Red 41    Location: Box on Hood  
System Type:     Wet Chemical     Dry Chemical     Other: \_\_\_\_\_  
Suppression System Mfg. Range Hood    Model Number: 41 Gal M

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

- 7801 - System Out-of-Service / Impaired
- 7802 - Any Unprotected Appliance
- 7803 - Nozzle or Piping Blocked / Obstructed
- 7804 - Lack or Failure of Gas or Electric Shut Off to Appliances

NONE     CHECKED BELOW

- 7805 - Agent / Expellant Gas Levels Out-of-Range
- 7806 - Exhaust System Out-of-Service
- 7807 - Other (Comments Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

- 7820- Manual Release Blocked / Obstructed
- 7821- Manual Release Damaged / Missing
- 7822- Grease Laden Filters / Hood / Duct / Area
- 7823- Not Connected to FAS

NONE     CHECKED BELOW

- 7824- Hydro Test Date Expired
- 7825- Other 2016

**COMMENTS/DEFICIENCY DESCRIPTION**

[Large Signature]

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

NO MAJOR DEFICIENCIES FOUND     MAJOR DEFICIENCIES FOUND: \_\_\_\_\_     MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_  
DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_  
DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_