Violations cited in the 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).

_		ood Establishment Inc	enaction Danast				Page 1 of 4
Dolawara Divisi		ood Establishment Ins	1		. 1	0	Page 1 of 4 Date 03/02/2020
Delaware Division of Public Health Office of Food Protection		No. of Risk Factor	/Intervention Violat	tions	0	Time In 11:15 AM	
		No. of Repeat Risk Factor	/Intervention Violat	tions			
	Dover, DE 19901			Score (option			Time Out 12:00 PM
Establishment		Address	City/State	Zip Co	de		Telephone
La Cabana Restaura	nt	1956 Maryland Avenue	Wilmington, DE	19805			302-654-2140
License/Permit #		Permit Holder	Purpose of Inspection	Est. Ty	/pe		Risk Category
N000772		Gabrielle Rajas	Follow-up	Perma	nent		Medium
	FOODBORNE ILI	LNESS RISK FACTORS AND PUB	LIC HEALTH INTERVENTIONS/	GOOD RETAIL P	PRACTI	CES	
		S	Supervision				
Compliance Status	5		•		(cos	R
01 02			trates knowledge, and perform duties Protection Manager				
02		Certilled 1 00d F	Totection iviariage:				
		Em	ployee Health				
Compliance Status	i		project realist		(cos	R
03	Manage	ement, food employee and conditional er		nd reporting			
04 05			riction and exclusion o vomiting and diarrheal events				
1 00 1	1	i roocaares for responding to	5 voniting and diameter events		1		1
		Good H	lygienic Practices				
Compliance Status	·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			cos	R
06			, drinking or tobacco use				
07		No discharge from e	eyes, nose, and mouth				
		5 11 5					
Compliance Status		Preventing C	ontamination by Hands		_	cos	R
08		Hands clean &	properly washed			.03	K
09	No ba	are hand contact with RTE food or a pre-	approved alternative procedure proper	ly allowed			
10		Adequate handwashing sinks	properly supplied and accessible				
Compliance Status		Арр	proved Source			cos	R
11		Food obtained fro	om approved source		,	,03	R
12			proper temperature				
13			n, safe, & unadulterated				
14		Required records available: sno	ellstock tags, parasite destruction				
		Protection	from Contamination				
Compliance Status	<u> </u>	Frotection	nom contamination		(cos	R
15	Food separated and protected						
16							
17		Proper disposition of returned, previou	usiy served, reconditioned & unsafe for	oa j			
		Time/Terror	ature Control for Safety				
Compliance Status	•	Time/Temper	ature Control for Safety		(cos	R
18		Proper cooking ti	me & temperatures		ì		
19			cedures for hot holding				
20 21	20 Proper cooling time and temperature 21 Proper bot holding temperature						
22	Proper hot holding temperatures Proper cold holding temperatures						
Proper date marking and disposition							
24		Time as a Public Health C	ontrol; procedures & records				
		-					
Compliance Status		Cons	sumer Advisory			cos	R
25		Consumer Advisory provid	ed for raw/undercooked food			,03	K
							1
		Highly Sus	sceptible Populations				
Compliance Status	S .				(cos	R
26		Pasteurized foods issued;	prohibited foods not offered				
Person In Charge (S	Signature)		Da	ito:			
. croon in Onarge (c	orginaturo)		Da				
Inspector (Signature	NOC FUE II 040		Follow-up: NO Follow-up	Data			
mispector (Signature	: INCC EDO 11 043		FOIIOW-UD: NO FOIIOW-UD	Date:			

Inspector (Signature) NCC EHS II 043

Violations cited in the 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).

	I	ood Establishment	Inspection Report			Page 2 of 4	
Dolawaro					0	Date 03/02/2020	
Delaware Division of Public Health Office of Food Protection			Intervention Violations	0	Time In 11:15 AM		
		•	No. of Repeat Risk Factor/			Time Out 12:00 P	
417 Federal St., Dover, DE 19901 Establishment Address		City/State	Score (optional) Zip Code		Telephone		
				-		-	
∟a Cabana R License/Peri		1956 Maryland Avenue Permit Holder	Wilmington, DE Purpose of Inspection	19805 Est. Type		302-654-2140 Risk Category	
	iiit #						
N000772	EOODBODNE II	Gabrielle Rajas	Follow-up PUBLIC HEALTH INTERVENTIONS/0	Permanent	TICES	Medium	
	FOODBORNE IL	LINESS RISK FACTORS AND	POBLIC HEALTH INTERVENTIONS/	GOOD RETAIL FRAC	IICES		
		Food/Color	Additives and Toxic Substances				
Compliance	Status	1.004,00101			cos	R	
27 28			; approved & properly used roperly identified, stored, & used				
20		TOXIC Substances p	ropeny identified, stored, & used				
		Conformar	nce with Approved Procedures				
Compliance	Status				cos	R	
29		Compliance with vari	ance/specialized process/HACCP				
			Safe Food and Water				
Compliance	Status		Sale Food and Water		cos	R	
30			eggs used where required				
31 32			e from approved source r specialized processing methods				
02		vanance estament	openiazoa processii.ig iiioai.oac				
		Foo	od Temperature Control				
Compliance	Status	December of the second			cos	R	
33 34			adequate equipment for temperature control perly cooked for hot holding				
35		Approved	thawing methods used				
36		Thermomet	ers provided & accurate				
			Food Identification				
Compliance	Status		1 ood labiliiiloation		cos	R	
37		Food properly	labeled; original container				
Compliance	Status	Preven	tion of Food Contamination		cos	R	
38			nts, & animals not present				
39 40			uring food preparation, storage & display sonal cleanliness				
41			s: properly used & stored				
42		Washin	g fruits & vegetables				
Compliance	Status	P	roper Use of Utensils		cos	R	
43		In-use ut	ensils: properly stored				
44		Utensils, equipment & linens: properly stored, dried, & handled					
45 Single-use/single-service articles: properly stored & used 46 Gloves used properly							
		Utensi	s, Equipment and Vending				
Compliance 47		Food & non-food contact surfaces of	eanable, properly designed, constructed, &	need	cos	R	
48			stalled, maintained, & used; test strips	useu			
49		Non-food	contact surfaces clean				
			DI CLEEN THE				
Compliance	Status		Physical Facilities		cos	R	
50			available; adequate pressure			- IX	
51		Plumbing instal	ed; proper backflow devices				
Person In C	narge (Signature)		Dai	te:			
			1				

Follow-up: NO Follow-up Date:



Violations cited in the 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 3 of 4
Delaware Division of Public Health			No. of Risk Factor/Intervention Violations		Date 03/02/2020
Office of Food Protection	า	No. of Repeat Risk Factor/	No. of Repeat Risk Factor/Intervention Violations		Time In 11:15 AM
417 Federal St., Dover, DE 19901		·	Score (optional)		
Establishment	Address	City/State	Zip Code	Telephone	
La Cabana Restaurant	1956 Maryland Avenue	Wilmington, DE	19805	302-654-2	
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category
N000772	Gabrielle Rajas	Follow-up	Permanent		Medium
FOODB	ORNE ILLNESS RISK FACTORS AND	PUBLIC HEALTH INTERVENTIONS/0	GOOD RETAIL PRACT	TICES	}
		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				

Person In Charge (Signature)	Date:
Inspector (Signature) NCC EHS II 043	Follow-up: NO Follow-up Date:



Violations cited in the 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 4 of 4	
Delaware Division of Po	ublic Health	No. of Risk Factor/l	ntervention Violations	0	Date 03/02/2020	
Office of Food Protection 417 Federal St., Dover, DE 19901		No. of Repeat Risk Factor/Intervention Violations		0	Time In 11:15 AM	
		Score (optional)			Time Out 12:00 PM	
Establishment	Address	City/State	Zip Code	Telephone		
_a Cabana Restaurant	1956 Maryland Avenue	Wilmington, DE	19805	19805		
icense/Permit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category	
N000772	Gabrielle Rajas	Follow-up	Permanent		Medium	
	OBSERVATIO	NS AND CORRECTIVE ACTIONS			·	
Item Number						
		NO VIOLATIONS REPORTED				
	IN	ISPECTION NOTES				
Electricity has been restored, F	nspection, inspector thoroughly inspected entire Fire Marshall inspection approved hood and ansu two deep freezers full of food. Evidence of defros	ıl system has been recharged. All dishware a	and utensils have been clea	aned a	and sanitized. During	

invoices or receipts of new purchases. All foods discarded on site. Reopening approval not granted due to no plumbing (water) not available. Operators must contact Health Dept once water has been restored. All other discrepancies resolved.

8-404.11 P: Imminent Health Hazard due to interruption of water. (COS) At end of inspection water service was restored. Inspected checked hot and cold water and advised

Food Establishment Approved to reopen and operate . All conditions for approval have been met.

operators to flush all lines.

Person In Charge (Signature)	Date:
Inspector (Signature) NCC EHS II 043	Follow-up: NO Follow-up Date: