



Date of Inspection: 9/5/22

Facility Name: <u>LA CABAÑA</u>	Phone Number: <u>283-3338</u>	PR ID #: <u>143</u>
Facility Site Address: <u>1730 E. MAIN</u>	City: <u>QUINCY</u>	Zip: <u>95971</u>
Permit #: <u>PENDING</u>	Exp Date:	Permit Holder: <u>LUTS CELEDONIA SANTOS</u>
		Type of Inspection: <u>PRE-OPENING</u>

See reverse side for the code sections and general requirements that correspond to each violation listed below

In = In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site MAJ = Major violation OUT=Out of Compliance

In	N/O-N/A	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
X				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Q. XA MOT</u>		Exp. Date: <u>12/30/25</u>		
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X				
2. Communicable disease; reporting, restrictions & exclusions				
X				
3. No discharge from eyes, nose, and mouth				
X				
4. Proper eating, tasting, drinking or tobacco use				
PREVENTING CONTAMINATION BY HANDS				
X				
5. Hands clean and properly washed; gloves used properly				
X				
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
X				
7. Proper hot and cold holding temperatures				
X				
8. Time as a public health control; procedures & records				
X				
9. Proper cooling methods				
X				
10. Proper cooking time & temperatures				
X				
11. Proper reheating procedures for hot holding				
PROTECTION FROM CONTAMINATION				
X				
12. Returned and re-service of food				
X				
13. Food in good condition, safe and unadulterated				
X				
14. Food contact surfaces: clean and sanitized				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
X				
15. Food obtained from approved source				
X				
16. Compliance with shell stock tags, condition, display				
X				
17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
X				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
X				
19. Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
X				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
WATER/HOT WATER				
X				
21. Hot and cold water available Temp: <u>71.20 °F</u>				
LIQUID WASTE DISPOSAL				
X				
22. Sewage and wastewater properly disposed				
VERMIN				
X				
23. No rodents, insects, birds, or animals				

SUPERVISION		OUT
24. Person in charge present and performs duties		
PERSONAL CLEANLINESS		
25. Personal cleanliness and hair restraints		
GENERAL FOOD SAFETY REQUIREMENTS		
26. Approved thawing methods used, frozen food		
27. Food separated and protected		
28. Washing fruits and vegetables		
29. Toxic substances properly identified, stored, used		
FOOD STORAGE/ DISPLAY/ SERVICE		
30. Food storage; food storage containers identified		
31. Consumer self-service		
32. Food properly labeled & honestly presented		
EQUIPMENT/ UTENSILS/ LINENS		
33. Nonfood contact surfaces clean		
34. Warewashing facilities: installed, maintained, used; test strips		X
35. Equipment/ Utensils approved; installed; clean; good repair, capacity		
36. Equipment, utensils and linens: storage and use		
37. Vending machines		
38. Adequate ventilation and lighting; designated areas, use		X

		OUT
39. Thermometers provided and accurate		
40. Wiping cloths: properly used and stored		
PHYSICAL FACILITIES		
41. Plumbing: proper backflow devices		
42. Garbage and refuse properly disposed; facilities maintained		
43. Toilet facilities: properly constructed, supplied, cleaned		
44. Premises; personal/cleaning items; vermin-proofing		X
PERMANENT FOOD FACILITIES		
45. Floor, walls and ceilings: built, maintained, and clean		X
46. No unapproved private homes/ living or sleeping quarters		
SIGNS/ REQUIREMENTS		
47. Signs posted; last inspection report available		
COMPLIANCE & ENFORCEMENT		
48. Plan Review		
49. Permits Available		
50. Impoundment		
51. Permit Suspension		

Received by (Print)

Title

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-inspection Date:

Facility Name:

LA CABANA

PL 143
FAID #

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Date of Inspection: 9 SEP 22

OBSERVATIONS AND CORRECTIVE ACTIONS

#34) provide 50ppm Cl_2 AT FINAL RINSE OF DISHWASHER

- Provide CHLORINE TEST STRIPS TO CHECK CL LEVELS

#38) REPAIR THE NON-FUNCTIONAL LIGHTING IN THE KITCHEN AREA

#44) REPAIR ALL HOLES IN THE WALLS AND AROUND ELECTRICAL OUTLETS

- PROVIDE A SELF CLOSING SCREENED DOOR

#45) CONTINUE TO CLEAN SURFACES OF RESIDUE ESPECIALLY AT HAND-TOUCH LOCATIONS

- THIS FACILITY IS APPROVED FOR OPERATION -

Received by (Print)

Title

Received by (Signature)

Celedonia Santos

Specialist (Print)

Rob Robredo

Specialist (Signature)

Re-inspection Date:

Perch #1925 @ 31500