

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	51	02/13/2018	COCO CABANA
Follow-up				TIME IN	TIME OUT
Complaint			RATING	10:26am	2:02pm
Investigation			D	SANITARY PERMIT NO.	LOCATION (Address)
Other:				170002104	PARCELS 2 & 3 COCOS ISLAND OFF MERIZO
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
STALL STAND			10	928-8691	7
					No. of Repeat Risk Factor/Intervention Violations
					NA
					RISK CATEGORY
					3

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (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 PTS = Demerit points

Compliance Status	COS	R	PTS		
<b>Supervision</b>					
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Person in charge present, demonstrates knowledge, and performs duties 6	
<b>Employee Health</b>					
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management awareness; policy present 6	
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper use of reporting, restriction & exclusion 6	
<b>Good Hygienic Practices</b>					
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper eating, tasting, drinking, betelnut, or tobacco use 6
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	No discharge from eyes, nose, and mouth 6
<b>Preventing Contamination by Hands</b>					
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Hands clean and properly washed 6
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed 6
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Adequate handwashing facilities supplied & accessible 6	
<b>Approved Source</b>					
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food obtained from approved source 6	
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food received at proper temperature 6
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food in good condition, safe, and unadulterated 6	
12	<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 6
<b>Protection from Contamination</b>					
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food separated and protected 6	
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food contact surfaces: cleaned & sanitized 6	
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper disposition of returned, previously served, reconditioned, and unsafe food 6	

Compliance Status	COS	R	PTS		
<b>Potentially Hazardous Food (TCS Food)</b>					
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooking time and temperatures 6
17	<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 6
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooling time and temperatures 6
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper hot holding temperatures 6
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cold holding temperatures 6	
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper date marking and disposition 6
<b>Consumer Advisory</b>					
22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Consumer Advisory provided for raw or undercooked foods 6	
<b>Highly Susceptible Populations</b>					
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Pasteurized foods used prohibited foods not offered 6	
<b>Chemical</b>					
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food additives: approved and properly used 6	
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Toxic substances properly identified, stored, used 6	
<b>Conformance with Approved Procedures</b>					
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Compliance with variance, specialized process, and HACCP plan 6	

Risk factors are improper 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**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS	
<b>Safe Food and Water</b>				
27				Pasteurized eggs used where required 1
28				Water and ice from approved source 2
29				Variance obtained for specialized processing methods 1
<b>Food Temperature Control</b>				
30				Proper cooling methods used; adequate equipment for temperature control 1
31				Plant food properly cooked for hot holding 1
32				Approved thawing methods used 1
33	<input checked="" type="checkbox"/>			Thermometer provided and accurate 1
<b>Food Identification</b>				
34				Food properly labeled; original container 1
<b>Prevention of Food Contamination</b>				
35	<input checked="" type="checkbox"/>			Insects, rodents, and animals not present 2
36				Contamination prevented during food preparation, storage & display 1
37				Personal cleanliness 1
38				Wiping cloths: properly used and stored 1
39				Washing fruits and vegetables 1

Compliance Status	COS	R	PTS	
<b>Proper Use of Utensils</b>				
40				In-use utensils: properly stored 1
41				Utensils, equipment and linens: properly stored, dried, handled 1
42				Single-use/single-service articles: properly stored, used 1
43				Gloves used properly 1
<b>Utensils, Equipment and Vending</b>				
44	<input checked="" type="checkbox"/>			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used 1
45				Warewashing facilities: installed, maintained, used; test strips 1
46				Nonfood-contact surfaces clean 1
<b>Physical Facilities</b>				
47	<input checked="" type="checkbox"/>			Hot & cold water available, adequate pressure 2
48				Plumbing installed; proper backflow devices 2
49				Sewage and wastewater properly disposed 2
50	<input checked="" type="checkbox"/>			Toilet facilities: properly constructed, supplied, & cleaned 2
51				Garbage/refuse properly disposed; facilities maintained 2
52				Physical facilities installed, maintained, and clean 1
53	<input checked="" type="checkbox"/>			Adequate ventilation and lighting; designated areas use 1
<b>Documents and Placards</b>				
54				Sanitary Permit, Health Certificates valid and posted 2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:
Masaru Quinata	2/13/2018
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES (NO)
T. Shimizu	NA
C. Takase	
R. Mitchell	

Food Establishment Inspection Report

ESTABLISHMENT NAME <b>COCO CABANA</b>		LOCATION (Address) <b>PARCELS 2 &amp; 3 COWS LAGOON OFF MERIZO</b>	
INSPECTION DATE <b>02/13/2018</b>	SANITARY PERMIT NO. <b>170002104</b>	PERMIT HOLDER <b>COWS LAGOON DEVELOPMENT CORPORATION</b>	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/
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ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED ON THIS DAY. PREVIOUS INSPECTION WAS DATED 5/10/10 AND THE GRADE WAS 10/A.	
	THE FOLLOWING VIOLATIONS WERE OBSERVED:	
2	EMPLOYEE HEALTH POLICY NOT PROVIDED. AN EMPLOYEE HEALTH POLICY SHALL BE PROVIDED TO ENSURE TRAINING ON PROPER RESTRICTIONS/EXCLUSIONS OF SICK EMPLOYEES.	
6	OBSERVED EMPLOYEE SWITCHING TASKS WITHOUT WASHING HANDS. EMPLOYEES SHALL PROPERLY WASH HANDS TO PREVENT CROSS-CONTAMINATION.	
8	NO HANDWASHING SINK PROVIDED; <del>NO PAPER TOWELS</del> <sup>IS</sup> HOT WATER. ADEQUATE HANDWASHING FACILITIES SHALL BE PROVIDED TO ENSURE REGULAR AND CORRECT HANDWASHING.	
11	READY TO EAT (RTE) FOODS BEING PREPARED ON A CUTTING BOARD WITH DARK STAINS AND OPEN SEAMS. FOOD SHALL BE IN GOOD CONDITION TO PREVENT FOOD BORNE ILLNESS.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person In Charge (Print and Sign) <b>Masae Quintana</b>	Date: <b>2/13/2018</b>
DEH Inspector (Print and Sign) <b>T. SHIMIZU EPHO I / C. TAKASE EPHO I / D. MITCHELL EPHO II</b>	Date: <b>02/13/18</b>

Food Establishment Inspection Report

ESTABLISHMENT NAME COCO CABANA		LOCATION (Address) PARCELS 2 & 3 COOBS ISLAND OFF MERIZO
INSPECTION DATE 02.13.2018	SANITARY PERMIT NO. 170002104	PERMIT HOLDER COOBS LAGOON DEVELOPMENT CORPORATION

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

13	ONIONS STORED DIRECTLY ON A HEAVILY SOILED SURFACE INSIDE THE CHILLER. FOOD SHALL BE PROTECTED FROM CONTAMINATION TO PREVENT FOODBORNE ILLNESS.	
14.	CUTTING BOARDS WITH ACCUMULATION OF DARK STAINS AND OPEN SEAMS BEING USED. ALL FOOD CONTACT SURFACES SHALL BE FREE OF DISCOLORATION AND OPEN SEAMS TO PREVENT FOOD CONTAMINATION.	
21	FOOD PRODUCTS SUCH AS FROZEN BEEF BATTIES WERE THAWED AND NOT PROPERLY DATE-MARKED. ALL FOOD PRODUCTS SHALL BE PROPERLY DATE-MARKED TO ENSURE PROPER DISPOSITION.	
33	NO AMBIENT OR METAL STEM TYPE THERMOMETERS PROVIDED. AMBIENT AND METAL STEM TYPE THERMOMETERS SHALL BE PROVIDED TO ENSURE FOOD PRODUCTS ARE MAINTAINED AT THE PROPER TEMPERATURE.	
35	OBSERVED COCKROACH ACTIVITY; NATURAL VENTILATION BEING USED WITHOUT PROPER SCREENING. OBSERVED GAPS TO OUTER OPENINGS IN THE DOOR AND WALL. ALL OUTER OPENINGS SHALL BE SEALED, AND #16 MESH SHALL BE PROVIDED FOR THE USE OF NATURAL VENTILATION IN ORDER TO PREVENT THE ENTRY OF PESTS. THE PRESENCE OF PESTS SHALL BE PREVENTED TO PREVENT CONTAMINATION AND THE SPREAD OF DISEASE.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) Maree Quinata	Date: 2/13/2018
DEH Inspector (Print and Sign) T. SHIMIZU EPHO I / C. TAKASE EPHO I / R. HIRATA EPHO II	Date: 2/13/18

Food Establishment Inspection Report

ESTABLISHMENT NAME <b>COLD CABANA</b>		LOCATION (Address) <b>PARCELS 2 &amp; 3 GUW ISLAND OFF MERIZO</b>
INSPECTION DATE <b>02/13/2018</b>	SANITARY PERMIT NO. <b>170002104</b>	PERMIT HOLDER <b>COLD LAGOON DEVELOPMENT CORPORATION</b>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

44	THE CHILLER WAS IN DISREPAIR. ALL EQUIPMENT SHALL BE IN GOOD REPAIR AND WORKING ORDER OR REMOVED IF NOT IN USE, TO ENSURE THAT FOOD PRODUCTS ARE STORED AT THE PROPER TEMPERATURES AND TO PROMOTE PROPER AND THOROUGH CLEANING OF THE FACILITY. ALL EQUIPMENT SHALL BE CLEANED AS OFTEN AS NEEDED.	
47	HOT WATER NOT PROVIDED IN THE THREE COMPARTMENT SINK. HOT WATER SHALL BE PROVIDED IN WAREWASHING EQUIPMENT TO ENSURE PROPER CLEANING OF EQUIPMENT AND UTENSILS.	
50	FEMALE RESTROOM IS NOT FULLY ENCLOSED AND THE RECEPTACLE LACKS A FULLY COVERED LID. ALL RESTROOMS SHALL BE FULLY ENCLOSED AND HAVE FULLY COVERED RECEPTACLES TO PREVENT THE ENTRANCE OF PESTS	
53	ADEQUATE VENTILATION NOT PROVIDED IN THE FACILITY. ADEQUATE VENTILATION SHALL BE PROVIDED TO ENSURE EMPLOYEES' ACCUMULATION OF CONDENSATION DOESN'T AFFECT FOOD PREPARATION. ADEQUATE LIGHTING NOT PROVIDED IN FACILITY. ADEQUATE LIGHTING SHALL BE PROVIDED TO ENSURE EMPLOYEES CAN PROPERLY PREPARE FOOD AND ADEQUATELY CLEAN EQUIPMENT.	
50 (WINK)	NO MESH SCREEN PROVIDED FOR NATURAL VENTILATION IN FEMALE RESTROOMS. NO 16 MESH SHALL BE PROVIDED FOR ALL RESTROOMS USING NATURAL VENTILATION (WINDOW SCREENS) TO PREVENT PEST ENTRANCE & ENTRY.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) <b>Masae Quinata</b>	Date: <b>2/13/2018</b>
DEH Inspector (Print and Sign) <b>T. SHIMIZU EPHO I / C. TAKASE EPHO II / D. MICHELE EPHO II</b>	Date: <b>02/13/2018</b>

### Food Establishment Inspection Report

ESTABLISHMENT NAME <b>COCO CABANA</b>	LOCATION (Address) <b>PARCELS 2 &amp; 3 WIND ISLAND OFF MERIZO</b>
INSPECTION DATE <b>02/13/2018</b>	SANITARY PERMIT NO. <b>17000204</b>
PERMIT HOLDER <b>COCK LAGOON DEVELOPMENT CORPORATION</b>	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. **SINK &**

**8** **"CONTINUATION... HOT WATER NOT PROVIDED IN THE FEMALE RESTROOM.**

**HOT WATER SHALL BE PROVIDED IN RESTROOMS TO ENSURE PROPER HANDWASHING. TO PREP**

**PHOTOS OF VIOLATIONS WERE TAKEN.**

**REMOVED "A" PLACARD  
POSTED "D" PLACARD NO 00999 AND POSTED A "NOTICE OF CLOSURE" PLACARD.**

**ISSUED A NOTICE OF CLOSURE AND RE-INSPECTION REQUEST FORM.  
AND THE SANITARY PERMIT IS HEREBY SUSPENDED DUE TO MULTIPLE VIOLATIONS.**

**A \$100 RE-INSTATEMENT FEE SHALL BE PAYABLE TO THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES AFTER A FOLLOWUP INSPECTION IS CONDUCTED AND ALL VIOLATIONS ARE CORRECTED.**

**DISCUSSED ABOVE INFORMATION WITH PERSON-IN-CHARGE**

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <b>Masae Quinata</b>	Date: <b>2/13/2018</b>
DEH Inspector (Print and Sign) <b>T. SKIMMEL EPHD I / C. TRINASE EPHD I / D. MITCHELL EPHD II</b>	Date: <b>02/13/18</b>