		Food Establishment	Inspection Report			Page 1 of 6	
Delaware	Division of Pu	ıblic Health	No. of Risk Fact	or/Intervention Violations	10	Date 01/15/2020	
Office of	Food Protection	on	No. of Repeat Risk Fact	or/Intervention Violations	0	Time In 1:10 PM	
417 Feder	ral St., Dover,	DE 19901		Score (optional)		Time Out 3:30 PM	
Establishme	ent	Address	City/State	Zip Code		Telephone	
La Hacienda	Milford	611 N Dupont BI Vd	Milford, DE	19963		302-373-6564	
License/Per	mit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category	
S000558		Armando Estrad	Routine	Permanent		Medium	
	FOOD	BORNE ILLNESS RISK FACTORS AND			TICES		
			Supervision				
Compliance					cos	R	
01 02	IN IN		monstrates knowledge, and perform dutie ood Protection Manager	S			
<u> </u>		00	ood i rotoottori manago.			l	
			Employee Health				
Compliance		Management, food employee and conditional employee; knowledge, responsibilities and reporting					
03 04	IN IN		nai employee; knowledge, responsibilities of restriction and exclusion	and reporting			
05	IN		ding to vomiting and diarrheal events				
Compliance	o Status	Go	ood Hygienic Practices		cos	R	
06	N/O	Proper eating, ta	sting, drinking or tobacco use		CU3	R	
07	N/O	No discharge f	from eyes, nose, and mouth				
Compliance	o Status	Prevent	ing Contamination by Hands		cos	R	
08	IN		ean & properly washed		000	N N	
09	IN		a pre-approved alternative procedure prop	perly allowed			
10	OUT	Adequate nandwasning s	sinks properly supplied and accessible				
			Approved Source				
Compliance			••		cos	R	
11 12	IN N/O		ed from approved source ed at proper temperature				
13	IN	Food in good co	ndition, safe, & unadulterated				
14	N/A	Required records availab	le: shellstock tags, parasite destruction				
		Pasta	ation from Contamination				
Compliance	e Status	Prote	ction from Contamination		cos	R	
15	OUT		parated and protected				
16 17	OUT IN		Food-contact surfaces; cleaned & sanitized Proper disposition of returned, previously served, reconditioned & unsafe food				
.,		rioper disposition of returned, p	reviously served, reconditioned & unsure	1000		I	
		Time/Te	mperature Control for Safety				
Compliance					cos	R	
18 19	IN IN		king time & temperatures				
20	N/O		ing time and temperature				
21	IN		ot holding temperatures				
22	IN IN		Id holding temperatures e marking and disposition				
24	N/A		alth Control; procedures & records				
Compliance	o Status		Consumer Advisory		cos	R	
25	IN	Consumer Advisory p	provided for raw/undercooked food				
<u>'</u>							
		Highl	y Susceptible Populations				
Compliance 26	e Status IN	Pastaurizad foods is	sued; prohibited foods not offered		cos	R	
	IIN	r asteurizeu 1000s is	Saca, promonea roods flot offered	1		1	
_							
Person In C	Charge (Signature)			Date:			

Violations cited in the report shall be corrected within the time frames

		ion of Public Health		for priority foundation		
		Food Establishmen	t Inspection Report			Page 2 of 6
Delaware	e Division of	Public Health	•	ntervention Violations	10	Date 01/15/2020
	Food Prote				0 7	Fime In 1:10 PM
		er, DE 19901	No. of Repeat Risk Factor/I			Time Out 3:30 PM
Establishm		Address	City/State	Score (optional) Zip Code		Telephone
		Address	Oity/Otate	Zip code		releptione
La Hacienda		611 N Dupont Bl Vd	Milford, DE	19963	3	302-373-6564
License/Pe	rmit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category
S000558		Armando Estrad	Routine Permanent Medium			
	FO	ODBORNE ILLNESS RISK FACTORS AND	PUBLIC HEALTH INTERVENTIONS/G	OOD RETAIL PRACT	ICES	
		Food/Color	Additives and Toxic Substances			
Compliand	ce Status				cos	R
27	N/A		es; approved & properly used			
28	OUT	l oxic substances	properly identified, stored, & used			
		Conforma	ance with Approved Procedures			
Compliance Status					cos	R
29 N/A Compliance with variance/specialized process/HACCP						
Camplian	aa Status		Safe Food and Water		000	
30	Compliance Status COS 30 Pasteurized eggs used where required					R
31 Water & ice from approved source						
32		Variance obtained f	or specialized processing methods			
Compliano	re Status	Fo	ood Temperature Control		cos	R
33	Ce Status	Proper cooling methods used	; adequate equipment for temperature control		000	K
34			operly cooked for hot holding			
35 36			d thawing methods used eters provided & accurate			
	I.	memone	eters provided & accurate			
			Food Identification			
Compliand	ce Status				cos	R
37		Food proper	ly labeled; original container			
		_				
Compliano	oo Status	Preve	ntion of Food Contamination		cos	R
38	OUT	Insects, rod	ents, & animals not present		003	N N
39	OUT	Contamination prevented	during food preparation, storage & display			
40	OUT		rsonal cleanliness			
42						
	•					
			Proper Use of Utensils			
Compliano	ce Status				cos	R
43			itensils: properly stored nens: properly stored, dried, & handled			
45			rvice articles: properly stored & used			
46			oves used properly			
Compliant	no Status	Utens	ils, Equipment and Vending		COE	В
Compliand 47	Ce Status OUT	Food & non-food contact surfaces	cleanable, properly designed, constructed, & u		cos	R
48		Warewashing facilities: i	nstalled, maintained, & used; test strips			
49		Non-food	d contact surfaces clean			
Compliant	na Status		Physical Facilities		cos	R
	Compliance Status 50 Hot & cold water available; adequate pressure					I N

				• • •				
50		Hot & cold water available; adequate pressure						
51	OUT							
Person In (Charge (Signature) Date:						
Feisonini	Sharge (Signature	Date.						
Inspector (Signature) KC HF	PC 007 Follow-up: NO Follow-up Date:						



		Food Establishment	Inspection Report			Page 3 of 6
Delaware	Delaware Division of Public Health No. of Risk Factor/Intervention Violations		Date 01/15/2020			
Office of Food Protection No. of Repeat Risk Factor/Intervention Violations		0	Time In 1:10 PM			
417 Federa	al St., Dove	r, DE 19901		Score (optional)	Time Out 3:30 PM	
Establishme	nt	Address	City/State	Zip Code	Zip Code Tele	
La Hacienda I	Milford	611 N Dupont BI Vd	Milford, DE	19963	19963 302-373-65	
License/Pern	nit #	Permit Holder	Purpose of Inspection	Est. Type	Est. Type Risk C	
S000558	Armando Estrad Routine Permanent			Medium		
	FOC	DBORNE ILLNESS RISK FACTORS AND	PUBLIC HEALTH INTERVENTIONS/	GOOD RETAIL PRACT	ΓICES	3
			Physical Facilities			
52			ste water properly disposed			
53		Toilet facilities: properl	y constructed, supplied, & cleaned			
54			perly disposed; facilities maintained			
55	OUT	Physical facilities	installed, maintained, & clean			
56	Adequate ventilation & lighting; designated areas used					

Person In Charge (Signature)	Date:
Inspector (Signature) KC HPC 007	Follow-up: NO Follow-up Date:



on of Public Heal rotection Dover, DE 19901 /Using a Handwashing hand sink, rear hand sink bucket being stored in ed on site	Address 611 N Dupont BI Vd Permit Holder Armando Estrad OBSERVA g Sink-Operation and Maintenaink.	No. of Repeat Risk Fact City/State Milford, DE Purpose of Inspection Routine ATIONS AND CORRECTIVE ACTIONS	stor/Intervention Violations stor/Intervention Violations Score (optional) Zip Code 19963 Est. Type Permanent	0	Date 01/15/2020 Time In 1:10 PM Time Out 3:30 PM Telephone 302-373-6564 Risk Category Medium
/Using a Handwashing hand sink, rear hand sink bucket being stored in ed on site	Address 611 N Dupont BI Vd Permit Holder Armando Estrad OBSERVA g Sink-Operation and Maintenaink.	No. of Repeat Risk Fact City/State Milford, DE Purpose of Inspection Routine ATIONS AND CORRECTIVE ACTIONS	Score (optional) Zip Code 19963 Est. Type	0	Time Out 3:30 PM Telephone 302-373-6564 Risk Category
/Using a Handwashing hand sink, rear hand si bucket being stored in ed on site	Address 611 N Dupont BI Vd Permit Holder Armando Estrad OBSERVA g Sink-Operation and Maintenaink.	City/State Milford, DE Purpose of Inspection Routine ATIONS AND CORRECTIVE ACTIONS	Score (optional) Zip Code 19963 Est. Type		Telephone 302-373-6564 Risk Category
/Using a Handwashing hand sink, rear hand si bucket being stored in ed on site	Address 611 N Dupont BI Vd Permit Holder Armando Estrad OBSERVA g Sink-Operation and Maintenaink.	Milford, DE Purpose of Inspection Routine ATIONS AND CORRECTIVE ACTIONS	Zip Code 19963 Est. Type		302-373-6564 Risk Category
hand sink, rear hand sing bucket being stored in	Permit Holder Armando Estrad OBSERVA g Sink-Operation and Maintenaink.	Purpose of Inspection Routine ATIONS AND CORRECTIVE ACTIONS	Est. Type		Risk Category
hand sink, rear hand sing bucket being stored in	Armando Estrad OBSERVA g Sink-Operation and Maintenaink.	Routine ATIONS AND CORRECTIVE ACTIONS			
hand sink, rear hand sing bucket being stored in	OBSERVA g Sink-Operation and Maintenaink.	ATIONS AND CORRECTIVE ACTIONS	Permanent		Medium
hand sink, rear hand sing bucket being stored in	g Sink-Operation and Maintenaink.				
hand sink, rear hand sing bucket being stored in	ink.	ance(Priority Foundation)			
hand sink, rear hand sing bucket being stored in	ink.	ance(Priority Foundation)			
	not clean and sanitized	act Surfaces, and Utensils(Priority Foundation)			
1/Pests are present (i. d live roaches at 3 bow	e. rodents, insects)(Priority Fo	oundation)			
		kaging, and Segregation(Priority) ver top of peppers and cut onions & peppers			
/Restriction and Storag d medication stored at	ge-Medicines(Priority) wait station and at bar. (Tylen	nol/ visine/ prilosec/tums)			
d kitchen hand sink wit					
pooling under grill					
I/Missing Hand wash s hand wash signs at kito	ign(Core) chen hand wash sinks				
	out FE.	nts and other Pest(Core)			
	A/Missing Hand wash shand wash signs at kit 12/Removing Dead or did dead insects through	I/Missing Hand wash sign(Core) hand wash signs at kitchen hand wash sinks I2/Removing Dead or Trapped Birds, Insects, Roder d dead insects through out FE. Crickets Roaches in bait stations	h/Missing Hand wash sign(Core) hand wash signs at kitchen hand wash sinks 12/Removing Dead or Trapped Birds, Insects, Rodents and other Pest(Core) d dead insects through out FE. Crickets Roaches in bait stations	A/Missing Hand wash sign(Core) hand wash signs at kitchen hand wash sinks 12/Removing Dead or Trapped Birds, Insects, Rodents and other Pest(Core) d dead insects through out FE. Crickets	booling under grill It/Missing Hand wash sign(Core) hand wash signs at kitchen hand wash sinks It2/Removing Dead or Trapped Birds, Insects, Rodents and other Pest(Core) d dead insects through out FE. Crickets Roaches in bait stations

Person In Charge (Signature)	Date:
Inspector (Signature) KC HPC 007	Follow-up: NO Follow-up Date:



	F	ood Establishme	nt Inspec	tion Report					Page 5 of 6
Delaware	Division of Public Healt	th		No. of Risk Fac	tor/Intervention	n Violations	10	Date	e 01/15/2020
Office of	Food Protection			No. of Repeat Risk Fac	tor/Intervention	n Violations	0	Tim	e In 1:10 PM
417 Fede	ral St., Dover, DE 19901					re (optional)		Tim	e Out 3:30 PM
Establishme							Tele	ephone	
La Hacienda	Milford	611 N Dupont BI Vd	Milford, DE 19963 302-373-6564						-373-6564
License/Per	mit #								Risk Category
S000558		Armando Estrad	F	Routine		Permanent			Medium
		OBSERVAT	IONS AND C	ORRECTIVE ACTIONS					
39	3-305.11/Food Storage-Preven observed uncovered food items * Salsa * Food being stored on floor at l	s at bar	emises(Core)						
41	3-304.14/Wiping Cloths, Use Li observed numerous rags not be * NO SANITIZER IN USE IN KI	eing stored in sanitizer between	use.						
47	4-501.11/Good Repair and Propobserved equipment not in good * For broken/ Non operational e * Also place a sign on unit "DO	d repair in the kitchen equipment please remove /Rpai	r or replace unit						
55	6-501.16/Drying Mops(Core) observed mops not air drying, re* Please hang to air dry	ear of kitchen							
55	6-501.114/Maintaining Premise Observed clutter under/ inside of * Please decrease items to item		r(Core)						
			INSPECTIO	N NOTES					
Notos									

Notes:

(8-404.11) Cease operations due to imminent health hazard

- * Replace missing tiles over back door/ over ware-wash / food establishment
- * You are being closed today due to roaches located at the bar
- * You are being directed to contact a licensed pest professional to treat this establishment. You will need to take guidance from this professional concerning the treatment of this establishment.
- * To reopen this establishment all (P)Priority / (PF) Priority Foundation / (C) Core violations shall be corrected
- * No roaches/ insects will be present in this establishment neither dead or alive at next inspection

Person In Charge (Signature)	Date:
Inspector (Signature) KC HPC 007	Follow-up: NO Follow-up Date:



	Food Establishmen	t Inspection Report			Page 6 of 6
Delaware Division of Pu	ware Division of Public Health No. of Risk Factor/Intervention Violations		Date 01/15/2020		
Office of Food Protection	n	No. of Repeat Risk Factor/Intervention Violations 0 Ti		Time In 1:10 PM	
417 Federal St., Dover, I	DE 19901	Score (optional)			Time Out 3:30 PM
Establishment	Address	City/State	Zip Code		Telephone
La Hacienda Milford	611 N Dupont BI Vd	Milford, DE	19963 302-373		302-373-6564
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category
S000558	Armando Estrad	Routine	Permanent	Permanent	
OBSERVATIONS AND CORRECTIVE ACTIONS					

- * All surfaces will need to be cleaned and sanitized
- * Food product not in walk in unit will need to be discarded to decrease chances of a re-infestation in the future
- * I highly recommend furniture in seating area be moved & treated to eliminate harbor-age of pest
- * A closure sign will be posted; please do not remove or cover sign

Temperatures;

Walk in 38 degrees Steak at steam table 151 degrees Rice at steam table 141 degrees Chrizo 30 Degrees

Rear hand wash sink, water temp 111 degrees

** When establishment is ready to reopen please call (302) 744-1220

Person In Charge (Signature)	Date:
Inspector (Signature) KC HPC 007	Follow-up: NO Follow-up Date: