

Establishment Name <b>808 GRINDZ CAFÉ</b>			Date: <b>11/30/2021</b>		
			Time In: <b>11:45 AM</b>		
			Time Out: <b>12:00 AM</b>		
Address <b>843 WAINEE ST</b>		City <b>LAHAINA</b>	Zip Code <b>96761</b>	Telephone <b>(808) 868-4147</b>	
Permit # <b>MI001475</b>	Owner Name <b>808 GRINDZ, LLC</b>	Purpose of Inspection <b>Routine</b>		Est. Type <b>34. RESTAURANT - SMALL - 2</b>	Risk Category <b>2</b>

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

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item: <b>IN</b> =in compliance <b>OUT</b> =not in compliance <b>N/O</b> =not observed <b>N/A</b> =not applicable			Mark "X" in appropriate box for: <b>COS</b> =corrected on-site during inspection and/or <b>R</b> =repeat violation		
<b>Compliance Status</b>			<b>Compliance Status</b>		
<b>Supervision</b>			<b>Potentially Hazardous Food (TCS food)</b>		
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			
<b>Employee Health</b>			16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Proper cooking time and temperatures		
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management awareness; policy present			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & exclusion			
<b>Good Hygienic Practices</b>			17 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Proper reheating procedures for hot holding		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use			
5	<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>			18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Proper cooling time and temperatures		
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean and properly washed			
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			<input checked="" type="checkbox"/> X
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied and accessible			
<b>Approved Source</b>			19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper hot holding temperatures		
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Food received at proper temperature			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, and unadulterated			
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			
<b>Protection from Contamination</b>			20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cold holding temperatures		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food separated and protected			
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces: cleaned and sanitized			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			
			21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Proper date marking and disposition		
			22 <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>		
			23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Consumer advisory provided for raw or undercooked foods		
			<b>Highly Susceptible Populations</b>		
			24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Pasteurized foods used; prohibited foods not offered		
			<b>Chemical</b>		
			25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food additives: approved and properly used		
			26 <input checked="" type="radio"/> IN <input type="radio"/> OUT Toxic substances properly identified, stored, and used		
			<b>Conformance with Approved Procedures</b>		
			27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Compliance with variance, specialized process, and HACCP plan		

**Risk factors** are food preparation practices and employees behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks.  
**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. Mark "X" in appropriate box for: **COS** = corrected on-site during inspection and/or **R** = repeat violation

<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>		
28	<input type="checkbox"/>	Pasteurized eggs used where required			
29	<input type="checkbox"/>	Water and ice from approved source			
30	<input type="checkbox"/>	Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			<b>Utensils, Equipment and Vending</b>		
31	<input checked="" type="checkbox"/> X	Proper cooling methods used: adequate equipment for temperature control			<input checked="" type="checkbox"/> X
32	<input type="checkbox"/>	Plant food properly cooked for hot holding			
33	<input type="checkbox"/>	Approved thawing methods used			
34	<input type="checkbox"/>	Thermometers provided and accurate			
<b>Food Identification</b>			<b>Physical Facilities</b>		
35	<input type="checkbox"/>	Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			48 <input type="checkbox"/>		
36	<input checked="" type="checkbox"/> X	Insects, rodents, and animals not present			
37	<input type="checkbox"/>	Contamination prevented during food preparation, storage, and display			
38	<input type="checkbox"/>	Personal cleanliness			
39	<input type="checkbox"/>	Wiping cloths: properly used and stored			
40	<input type="checkbox"/>	Washing fruits and vegetables			
			49 <input type="checkbox"/>		
			50 <input type="checkbox"/>		
			51 <input type="checkbox"/>		
			52 <input type="checkbox"/>		
			53 <input checked="" type="checkbox"/> X		
			54 <input type="checkbox"/>		

**Print and Signature of Person in Charge:** \_\_\_\_\_ **Date:** **11/30/2021**

**Signature of Agent/Dept. of Health:**  **Follow-up: (Circle one)**  YES  NO **Follow-up Date:** **12/02/2021**

STATE OF HAWAII  
DEPARTMENT OF HEALTH

FOOD ESTABLISHMENT INSPECTION REPORT - SUPPLEMENT

EST. NAME 808 GRINDZ CAFÉ PERMIT NO. MI001475 DATE 11/30/2021

OBSERVATIONS

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

\*19) - 11-50-34(f) Custard observed held on flattop griddle at inspection- 114F. Custard not observed holding at 135F or greater. Corrected on site, owner moved the custard to the adjacent burner to ensure the custard properly holds temperature of 135F. - Correct By Date: 11/30/2021 COS

GOOD RETAIL PRACTICES

31) - 11-50-34(e) Container of cooked potatoes observed in the process of cooling within the back tall white chill. Container observed sealed with a lid, and condensation build-up observed within the interior of the container. Temperature of 78F taken at inspection at 1215. PIC stated potatoes began cooling at 1115. Discussed proper cooling methods. Corrected on site, PIC removed the lids from the container to allow the potatoes to evenly cool from 135F-70F in 2 hours and 70F-41F in 4 hours. - Correct By Date: 11/30/2021 COS

\*36) - 11-50-74(k) Multiple live cockroaches observed within the kitchen at time of inspection.

- About 15 live cockroaches were observed crawling on the grease trap located in the back of the kitchen during inspection. The live cockroach activity was observed to be of both adults and juveniles.

- About 20 live cockroaches were observed within a white storage bin located on the storage shelf below the microwave. Kitchen equipment was observed to be stored within the bin at time of inspection. Cockroach activity within the storage bin was observed to be of both adult and juvenile.

- Multiple cockroaches observed crawling on the white water heater located in the back corner of the kitchen during inspection.

- x1 cockroach egg case was observed on top of the white water heater located in far back corner of the kitchen.

\*53) - 11-50-74(b) Abundant grease accumulation and food debris observed throughout the kitchen and on kitchen equipment at time of inspection. Live cockroaches observed attracted to the food debris and grease accumulation during inspection. Grease and food debris observed serving as cockroach attractant and harborage during inspection. Establishment needs to clean/remove any food debris and grease accumulation from all kitchen equipment to limit and prevent cockroach attractant and harborage. - Correct By Date: 11/30/2021

REMARKS

Routine Inspection. Red placard issued and establishment closed due to a cockroach infestation observed within the kitchen at time of inspection. Both adult and juvenile cockroach activity observed.

Establishment stated at inspection having a contracted pest control company conducting routine treatment and monitoring for both cockroaches and rodents. Person in charge stated at inspection the last treatment was conducted last week, but no inspection report observed at time of inspection. Person in charge to email district inspector copy of the last two (2) inspection reports from the pest control company. Establishment to email district inspector a copy of the pest control reports on or before Wednesday December 2, 2021.

SIGNATURE OF PERSON IN CHARGE

  
SIGNATURE OF AGENT/DEPT. OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH

FOOD ESTABLISHMENT INSPECTION REPORT - SUPPLEMENT

EST. NAME 808 GRINDZ CAFÉ PERMIT NO. MI001475 DATE 11/30/2021

Establishment needs to complete the following prior to district inspector removing the red placard allowing the establishment to continue operation:

- Establishment needs to fully clean and remove all grease and food debris accumulation from underneath and on kitchen equipment. Grease and food debris observed at inspection serving as cockroach attractant and harborage.

- Establishment needs to continue working with the contracted pest control to eradicate and gain control of the current cockroach infestation. To ensure the current population decreases, establishment to have at minimum treatments/monitoring conducted daily. Following each treatment, establishment to email district inspector a copy of the pest control inspection report. Once the population is observed to decrease and control of the current population is observed, DOH will then begin to discuss with establishment the possibility of weekly pest control treatments.

District inspector to conduct a follow-up inspection Thursday December 2, 2021 to re-check the status of the cockroach population within the kitchen.

Establishment must remain closed until DOH approval has been received to resume operations. Red placard posted front entrance window per HAR 11-50-9(b). Placard shall not be defaced, marred, camouflaged, hidden or removed.

\_\_\_\_\_  
SIGNATURE OF PERSON IN CHARGE

  
\_\_\_\_\_  
SIGNATURE OF AGENT/DEPT. OF HEALTH