



FORM A

GOVERNMENT OF GUAM
DIVISION OF ENVIRONMENTAL HEALTH
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
APPLICATION FOR SANITARY PERMIT



PART I: APPLICATION STATUS

New Renewal
 Duplicate Amendment

PART II: CHANGE OF OWNER AND/OR NAME

Change of Owner/Management
Previous Owner: _____

Establishment Name Change
Previous Name: _____

PART III: GENERAL INFORMATION

1. Applicant
Name: _____
Mailing Address: _____

Telephone No.: _____
Email: _____

3. Person-In-Charge (PIC) of Establishment
Name: _____
Title: _____
Mailing Address: _____
Telephone No.: _____
Email: _____

2. Establishment Information
DBA Name: _____
Company Name: _____
Mailing Address: _____
Physical Address: _____

Telephone No.: _____
Fax No.: _____
Email: _____
Expected Number of Employees: _____
Projected Opening Date: _____

4. Immediate Supervisor of PIC
Name: _____
Title: _____
Telephone No.: _____
Email: _____

<p>5. Type of Owner</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other</p>	<p>6. Type of Establishment</p> <p>a. <input type="checkbox"/> Mobile</p> <p><input type="checkbox"/> Stationary</p> <p>b. <input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Permanent</p>
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7. Legal Owner(s) or Officers (If more space needed, please attach additional paper)

NAME	TITLE	MAILING ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

I attest that the information provided is accurate and I understand that the issuance of the Sanitary Permit is contingent upon compliance with Title 10 GCA, DIV. 2, Part I, and applicable rules and regulations, and after the permit is issued, it may be suspended or revoked for failure to comply with provisions of Title 10 GCA, applicable rules and regulations, and the restrictions given below. Payment may be made by cash or check payable to "Treasurer of Guam". **Failure to pick-up and post your Sanitary Permit may cause your permit to be suspended.**

THE SUBMISSION OF THIS APPLICATION DOES NOT AUTHORIZE THE BUSINESS TO BEGIN ITS OPERATION.

_____	_____	_____
SIGNATURE OF APPLICANT	DATE	NUMBER OF EMPLOYEES

DEH USE ONLY

Category: _____ Sub-Category: _____
Risk-based Category: _____ Area Number: _____
Restrictions: _____
Establishment ID No.: _____ Old S.P. No.: _____ New S.P. No.: _____ FEE: \$ _____

SIGNATURES	DATE
DEH OFFICIAL: _____	_____
CHIEF EPHO, DEH: _____	_____



FORM B

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH



SUPPLEMENTAL APPLICATION FOR FOOD ESTABLISHMENT

Please type or print legibly using black or blue ink.

Applications must be submitted at least 30 days prior to the planned opening. Please read the Instructions for completing this application. Failure to complete this application in its entirety may delay the processing of your Sanitary Permit application.

PART I. Establishment Information

Name of Owner: _____ Name of Establishment: _____

Establishment's Physical Address: _____

Tel. No.: _____ Fax No.: _____ Email: _____

PART II. Plan Review Type

- New Food Establishment
 Remodel
 Conversion

Projected Opening Date: _____

PART III. Plan Review Components

1. Establishment Information

a. Period of operation:

Days of Operation	Hours of Operation
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

b. Total number of staff: _____

c. Number of shifts: _____

d. Total square feet of facility: _____

2. Intended Menu (Use menu, if available. If more space is needed, attach another sheet.)

Check this box if actual menu is provided as an attachment instead.

No.	Item Name on Menu (Food and Drinks)	Primary Ingredient(s)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

If additional list is included, please check this box:

3. Anticipated Volume of Food: Stored, Prepared, and Sold/Served

a. Approximate number of meals the establishment will be serving daily for:

Meat, poultry and seafood	
Dairy (milk, eggs, etc.)	
Vegetables and fruits	
Total of all above	

b. Estimated number of days between delivery of foods to the establishment:

Meat, poultry and seafood	
Dairy (milk, eggs, etc.)	

Vegetables and fruits	
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4. Proposed Layout - Provide as attachments (a & b) to this form.

- a. Floor plan
- b. Vicinity map
- c. Construction materials and interior finish schedule

Room/Area Name	Floor Finish	Wall Finish	Ceiling Finish	Comments
Bar				
Buffet Area				
Kitchen				
Dry Storage				
Walk-in Refrigerators and Freezers				
Warewashing Area				
Toilet Rooms				
Mop Service Area				

5. Proposed Equipment *(If additional space is needed, attach another sheet.)*

- a. Cold Storage Equipment.

Item #	Quantity	Type	Dimension (inches)	Location
A1.				
A2.				
A3.				
A4.				
A5.				
A6.				
A7.				
A8.				

If additional list is included, please check this box

b. Hot Holding Equipment.

Item #	Quantity	Type	Dimension (inches)	Location
B1.				
B2.				
B3.				
B4.				

If additional list is included, please check this box

c. Sinks.

Item #	Quantity	Type	Dimension (inches)	Location
C1.				
C2.				
C3.				
C4.				
C5.				
C6.				
C7.				
C8.				

If additional list is included, please check this box

d. Other Equipment (not including furniture, kitchen equipment only).

Item #	Quantity	Type
D1.		
D2.		
D3.		
D4.		
D5.		
D6.		
D7.		
D8.		

If additional list is included, please check this box

PART IV – VII: FOR DEH USE ONLY

PART IV. Type of Food Operation

	Bakery		Delicatessen		Sandwich Stand
	Bar		Drink Stand		Short Order Establishment
	Beverage Vending Machine		Food Vending Machine		Soda Fountain
	Café		In-plant Employee Eating Establishment		Stall Stand
	Cafeteria		Mobile Food Service Establishment		Tavern
	Catering		Retail		Temporary Food Service Establishment
	Coffee Shop		Restaurant		Others (Please Specify)

PART V. Description of Activity

- 1. No food preparation; only offers for sale pre-packaged food that is not PHF/TCS
- 2. Prepares only non-PHF/non-TCS food
- 3. Prepares, offers for sale, or services PHF/TCS food: (Check all activities that the establishment will perform)
 - a. Only to order upon consumer's request
 - b. In advance in quantities based on projected consumer demand and discards food that is not sold/served at an approved frequency
 - c. In advance for on-site consumption (or take-out) using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing
 - d. In advance for off-site consumption using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing
 - e. In advance for on-site consumption by highly susceptible population (HSP) using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing

PART VI. Activities Requiring a Variance and a HACCP Plan

- 1. Serving raw, undercooked, or unprocessed animal products without providing a consumer advisory. [GFC 3-401.11(D)]
- 2. Smoking food as a method of food preservation rather than as a method of flavor enhancement. [GFC 3-502.11(A)]
- 3. Curing Food. [GFC 3-502.11(B)]
- 4. Adding vinegar or other food additives to preserve food (not to enhance flavor) or render food as non-potentially hazardous food. [GFC 3-502.11(C)]
- 5. Packaging food using reduced oxygen packaging (ROP) method with only one safety barrier to control *Clostridium botulinum*. [GFC 3-502.11(D)]
- 6. Custom processing animals that are for personal use and not for sale or service. [GFC 3-502.11(F)]h
- 7. Sprouting seeds or beans. [GFC 3-502.11(H)]
- 8. Operating a molluscan shellfish life-support system display tank used to store and display shellfish that are offered for human consumption. [GFC 3-502.11(E) and 4-204.110(B)]
- 9. Others. [GFC 3-502.22(G) and 8-103.10]
- 10. Using time only as a public health control. [2005 FDA Model Food Code 3-501.19]

PART VII. Activities Requiring only a HACCP Plan

- 1. Juice packaged in the establishment [GFC 3-404.11]
- 2. Packaging food using a cook chill or *sous vide* process [GFC 3-502.12(D)]
- 3. Packaging food using ROP with refrigeration and two or more barriers against *Clostridium* and *Listeria* [GFC 3-502.12(A)]
- 4. Packaging cheese using ROP [GFC 3-502.12(E)]
- 5. Serving unpackaged juice prepared on-site to children age 9 or less [GFC 3-801.11(F)(3)]
- 6. Serving non-pasteurized combined eggs to highly susceptible population [GFC 3-801.11(F)(3)]

FLOOR PLAN

Establishment Name: _____

Phone No.: _____

Owner: _____

Location: _____

In lieu of this floor plan, a formal construction floor plan may be submitted, provided all applicable equipment, rooms, furniture, appliances, etc. are shown and labeled.

VICINITY MAP

Establishment Name: _____

Phone No.: _____

Owner: _____

Location: _____

Please show landmarks, street names, nearby buildings and business, and any other significant sites that will assist the Division in locating your establishment.



ATTACHMENT C-1

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

OTHER PROPOSED VARIANCE FORM

[As specified in the GFC ¶13-502.11(G) and 8-103.10]



Please type or print legibly using black or blue ink.

PART I. Establishment Information

Name of Owner: _____ Name of Establishment: _____

Establishment's Physical Address: _____

Tel. No.: _____ Fax No.: _____ Email: _____

PART II. Food Item Subjected to a Proposed Variance: _____

PART III. Proposed Variance

State proposed variance of the Guam Food Code (GFC) requirement and cite relevant Code section number:

<u>Proposed Variance</u>	<u>Applicable GFC Section</u>
<u>Three compartment sink with hot water not provided</u>	<u>4-301.12; 4-501.19</u>
_____	_____
_____	_____
_____	_____

Explain how the operation and/or process listed above will be conducted, and the rationale for how potential public health hazards and nuisances addressed by the GFC sections will be alternatively addressed by the proposal.

One or more of the following alternative(s) will be used (please circle):

- Warewashing conducted at an approved facility
- Additional cleaned and sanitized utensils will be brought and used in case utensils are contaminated
- Only pre-packaged food used and no equipment or utensils requiring ware washing will be used
- Other alternative (applicant to explain and provide rationale)

The applicant will be informed if the Department deems a HACCP Plan is necessary, as specified under Section 8-201.13 and 8-201.14 of the GFC.

Statement of Compliance

I understand that I must provide ALL requested information in order for my application to be processed. I also understand that all the documents must be kept in the establishment. I certify that employees will follow the procedures outlined in this document.

_____ NAME OF APPLICANT	_____ SIGNATURE OF APPLICANT	_____ DATE
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DEH USE ONLY

<input type="checkbox"/> Approved	SIGNATURES	DATES
<input type="checkbox"/> Not Approved ; Reason for denial: _____	EPHO Staff: _____	_____
_____	EPHO Administrator: _____	_____



ATTACHMENT C-1

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

OTHER PROPOSED VARIANCE FORM

[As specified in the GFC ¶13-502.11(G) and 8-103.10]



Please type or print legibly using black or blue ink.

PART I. Establishment Information

Name of Owner: _____ Name of Establishment: _____

Establishment's Physical Address: _____

Tel. No.: _____ Fax No.: _____ Email: _____

PART II. Food Item Subjected to a Proposed Variance: _____

PART III. Proposed Variance

State proposed variance of the Guam Food Code (GFC) requirement and cite relevant Code section number:

<u>Proposed Variance</u>	<u>Applicable GFC Section</u>
<u>Hot water not provided for handwashing sink</u>	<u>5-203.11</u>
_____	_____
_____	_____
_____	_____

Explain how the operation and/or process listed above will be conducted, and the rationale for how potential public health hazards and nuisances addressed by the GFC sections will be alternatively addressed by the proposal.

One or more of the following alternative(s) will be used (please circle):

- Only gloves and utensils will be used for all ready-to-eat (RTE) food and non-RTE food; proper handwashing practices will still be followed and fats, oils, and grease (FOG) will not be on hands
- Limited food exposure practiced, chemically treated towelletes used, and event site has a handwashing facility in restrooms
- Serving only pre-packaged food; no preparation, cooking, or serving on-site
- Other alternative (applicant to explain and provide rationale)

The applicant will be informed if the Department deems a HACCP Plan is necessary, as specified under Section 8-201.13 and 8-201.14 of the GFC.

Statement of Compliance

I understand that I must provide ALL requested information in order for my application to be processed. I also understand that all the documents must be kept in the establishment. I certify that employees will follow the procedures outlined in this document.

_____ NAME OF APPLICANT	_____ SIGNATURE OF APPLICANT	_____ DATE
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DEH USE ONLY

<input type="checkbox"/> Approved	SIGNATURES	DATES
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ATTACHMENT C-1

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH



OTHER PROPOSED VARIANCE FORM

[As specified in the GFC ¶13-502.11(G) and 8-103.10]

Please type or print legibly using black or blue ink.

PART I. Establishment Information

Name of Owner: _____ Name of Establishment: _____

Establishment's Physical Address: _____

Tel. No.: _____ Fax No.: _____ Email: _____

PART II. Food Item Subjected to a Proposed Variance: _____

PART III. Proposed Variance

State proposed variance of the Guam Food Code (GFC) requirement and cite relevant Code section number:

<u>Proposed Variance</u>	<u>Applicable GFC Section</u>
Food guards or shields not provided for food on display	3-306.11
_____	_____
_____	_____
_____	_____

Explain how the operation and/or process listed above will be conducted, and the rationale for how potential public health hazards and nuisances addressed by the GFC sections will be alternatively addressed by the proposal.

One or more of the following alternative(s) will be used (please circle):

- Use of covers that open towards the food handler only; food is kept closed on the consumer side
- Use of covers that are opened only when serving the food by the food handler; covers must be non-absorbent, cleanable
- Use of pictures of food at the service line and actual food is kept covered and/or stored away from service line
- All food will be cooked to order; no service line needed
- Other alternative (applicant to explain and provide rationale)

The applicant will be informed if the Department deems a HACCP Plan is necessary, as specified under Section 8-201.13 and 8-201.14 of the GFC.

Statement of Compliance

I understand that I must provide ALL requested information in order for my application to be processed. I also understand that all the documents must be kept in the establishment. I certify that employees will follow the procedures outlined in this document.

NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
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DEH USE ONLY

<input type="checkbox"/> Approved	SIGNATURES	DATES
<input type="checkbox"/> Not Approved; Reason for denial: _____	EPHO Staff: _____	_____
_____	EPHO Administrator: _____	_____

PERSONNEL INFORMATION LISTING

Establishment Name: _____

Total No. of Personnel: _____ **Hours of Operation:** _____

Number of Shifts: _____

DEH USE ONLY

	Name of Employee	Position Duty	Confirmed by:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



TFSE Acknowledgement Form

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
(671) 735-7221



Please carefully read the requirements for the operation of Temporary Food Service Establishment (TFSE), and the Division of Environmental Health's policies for such operation. Place initial before each item for acknowledgement.

_____ Full enclosure is required in the any of the following instances: a) whenever an establishment will be operating for more than seven days; b) when any kind of food preparation will be done on-site, or; c) when conditions exist that would increase the probability of food contamination from occurring without a full enclosure.

_____ Serving of food that is not from an approved source, or that is not pre-approved by the Division of Environmental Health will result in either the disposal of said food and/or the immediate suspension of the Sanitary Permit.

_____ A Sanitary Permit is required for selling any kind of fish from any source.

_____ Before service or sale in ready-to-eat form, raw, raw-marinated, partially cooked, and marinated partially cooked fish shall undergo parasite destruction, and documentation must be presented when requested by the Division of Environmental Health personnel during inspections. The product may be discarded if records are not provided.

_____ Potentially Hazardous Food (PHF)/Time and Temperature Control for Safety (TCS) food that are found in violation of the Guam Food Code temperature requirements will be discarded during inspections, unless an approval for using Time as a Public Health Control was sought and approved prior to operation.

_____ Cooking will be allowed on-site, provided, food temperature requirements are met, food contamination is prevented, and methods for proper disposal and clean-up are in place.

_____ Hot water for hand-washing sinks is required unless a variance is obtained from the Division of Environmental Health prior to operation.

_____ A three-compartment sink with hot water is required unless a variance is obtained from the Division of Environmental Health prior to operation.

_____ Food guards or shields are required to protect food from contamination during display unless a variance is obtained from the Division of Environmental Health prior to operation.

_____ A person-in-charge with a Manager's Certificate Certification must be present on-site during all hours of operation to monitor that food safety practices are being implemented. If an establishment is selling only non-PHF/non-TCS food, a written, signed agreement with another establishment serving with a Manager's Certification serving at the event will be allowed.

I, _____, hereby acknowledge and declare that I was briefed, and I have read and understood
(Print Name of Applicant)

the items listed above. I agree to conduct my activities in accordance with the law and understand that breaching these requirements may result in administrative actions, including the immediate suspension of my Sanitary Permit.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF EPHO

DATE

SMOKING POLICY

Establishment Name:

INTRODUCTION

Since the enactment of Public Law 28-80, known as the "Natasha Protection Act of 2005", smoking is now prohibited in all enclosed public places and certain places of employment, such as restaurants.

PURPOSE

The purpose of this policy is to protect the health and welfare of our employees and clients. This policy ensures that employees and clients are not forced to breathe environmental tobacco smoke (Second-hand smoke) within this health regulated establishment.

AUTHORITY

Division 4 of Title 10 GCA, Chapter 90

PROHIBITION OF SMOKING IN PUBLIC PLACES

Smoking is prohibited in all enclosed places, including but not limited to the following areas:

1. Restaurants;
2. Elevators;
3. Restrooms;
4. Service lines;
5. Waiting rooms and hallways; and
6. All areas available to, and customarily used by, the general public in this business patronized by the public.

WRITTEN SMOKING POLICY

A written smoking policy shall be adopted, implemented, made known to all employees, and maintained at this business establishment. A written copy of the smoking policy shall also be supplied to any existing or prospective employee upon request. *Title 10 Guam Code Annotated, Chapter 90, Section 90106 (b), (c), and (d).*

POSTING OF SIGNS

"No Smoking" signs with letters not less than 1 inch in height or the international symbol consisting of pictorial representation of a burning cigarette enclosed in a red circle with a red bar across, shall be clearly and conspicuously posted within the establishment or facility.

VIOLATIONS AND PENALTIES

Any person who violates this Act may be punished by:

1. A fine not exceeding One Hundred Dollars (\$100) for a first violation.
2. A fine not exceeding Two Hundred Dollars (\$200) for a second violation.
3. A fine not exceeding Five Hundred Dollars (\$500) for each violation thereafter.

Any business which violates this Act may be punished by:

1. A fine not exceeding One Thousand Dollars (\$1,000) for a first violation.
2. A fine not exceeding Two Thousand Dollars (\$2,000) for a second violation.
3. A fine not exceeding Three Thousand Dollars (\$3,000) for each additional violation thereafter.

Owner or Authorized Representative

Date

Name of Establishment: _____

DEH USE ONLY

	Contents	Date Completed	Received By
1.	Sanitary Permit Application (Form A)		
2.	Business License		
3.	Pre-Operational Inspection Report		
4.	Floor Plan		
5.	Vicinity Map		
6.	Smoking Policy		
7.	Personnel Listing		
8.	Health Certificate		
9.	Manager's Certificate/Sign-up		
10.	Form B: Supplemental Application for Food Est.		
11.	Form C-1: Application for Variance		
12.	Other:		

- Approved
- Not Approved

Reason for denial: _____

SIGNATURES

DATES

Environmental Public Health Officer: _____

Environmental Public Health Officer Administrator: _____

Chief Environmental Public Health Officer: _____