

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

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular			1	08 / 29 / 2014	BOKKA
Follow-up	✓		RATING	TIME IN	TIME OUT
Complaint		✓		A	1:55
Investigation				SANITARY PERMIT NO.	LOCATION (Address)
Other:				160002025	STE. 125, CHAMORRO VILLAGE, AGANA
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
STALL STAND			8	888-6043	0
					No. of Repeat Risk Factor/Intervention Violations
					0
					RISK CATEGORY
					3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/A, 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	Compliance Status			COS	R	PTS
Supervision											
1	IN	OUT			6	16	IN	OUT	N/A	N/O	6
Person in charge present, demonstrates knowledge, and performance duties						Potentially Hazardous Food (TCS Food)					
Employee Health											
2	IN	OUT			6	17	IN	OUT	N/A	N/O	6
Management awareness; policy present						Proper reheating procedures for hot holding					
3	IN	OUT			6	18	IN	OUT	N/A	N/O	6
Proper use of reporting, restriction & exclusion						Proper cooling time and temperature					
Good Hygienic Practices											
4	IN	OUT	N/A	N/O	6	19	IN	OUT	N/A	N/O	6
Proper eating, tasting, drinking, betelnut, or tobacco use						Proper hot holding temperatures					
5	IN	OUT	N/A	N/O	6	20	IN	OUT	N/A	N/O	6
No discharge from eyes, nose, and mouth						Proper cold holding temperatures					
Preventing Contamination by Hands											
6	IN	OUT	N/A	N/O	6	21	IN	OUT	N/A	N/O	6
Hands clean and properly washed						Proper date marking and disposition					
7	IN	OUT	N/A	N/O	6	Consumer Advisory					
No bare hand contact with ready-to-eat foods or approved alternate method properly followed						22	IN	OUT	N/A		6
8	IN	OUT			6	Consumer Advisory provided for raw or undercooked foods					
Adequate handwashing facilities supplied & accessible						Highly Susceptible Populations					
Approved Source											
9	IN	OUT			6	23	IN	OUT	N/A		6
Food obtained from approved source						Pasteurized Foods used; prohibited foods not offered					
10	IN	OUT	N/A	N/O	6	Chemical					
Food received at proper temperature						24	IN	OUT	N/A		6
11	IN	OUT			6	Food additives: approved and properly used					
Food in good condition, safe, and unadulterated						25	IN	OUT			6
12	IN	OUT	N/A	N/O	6	Toxic substances properly identified, stored, used					
Required records available: shellstock tags, parasite destruction						Conformance with Approved Procedures					
Protection from Contamination											
13	IN	OUT	N/A		6	26	IN	OUT	N/A		6
Food separated and protected						Compliance with variance, specialized process, and HACCP plan					
14	IN	OUT	N/A		6	<div style="border: 1px solid black; padding: 5px;"> 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. </div>					
Food contact surfaces: cleaned & sanitized											
15	IN	OUT			6						
Proper disposition of returned, previously served, reconditioned, and unsafe food											

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	Compliance Status			COS	R	PTS
Safe Food and Water											
27		Pasteurized eggs used where required			1	Proper Use of Utensils					
28		Water and Ice from approved source			2	40		In-use utensils: properly stored			1
29		Variance obtained for specialized processing methods			1	41		Utensils, equipment and linens: properly stored, dried, handled			1
Food Temperature Control											
30		Proper cooling methods used; adequate equipment for temperature control			1	42		Single-use/single-service articles: properly stored, used			1
31		Plant food properly cooked for hot holding			1	43		Gloves used properly			1
32		Approved thawing methods used			1	Utensils, Equipment and Vending					
33		Thermometer provided and accurate			1	44		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
Food Identification											
34		Food properly labeled; original container			1	45	X	Warewashing facilities: installed, maintained, used; test strips			1
Prevention of Food Contamination											
35		Insects, rodents, and animals not present			2	46		Nonfood-contact surfaces clean			1
36		Contamination prevented during food preparation, storage & display			1	Physical Facilities					
37		Personal cleanliness			1	47		Hot & cold water available, adequate pressure			2
38		Wiping cloths: properly used and stored			1	48		Plumbing installed; proper backflow devices			2
39		Washing fruits and vegetables			1	49		Sewage and wastewater properly disposed			2
						50		Toilet facilities: properly constructed, supplied, & cleaned			2
						51		Garbage/refuse properly disposed; facilities maintained			2
						52		Physical facilities installed, maintained, and clean			1
						53		Adequate ventilation and lighting; designated areas use			1

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) <i>Leon Guerrero Frederick A</i>	Date: <i>8/29/14</i>	
DEH Inspector (Print and Sign) <i>LEILANI NAVARRO, EPHO I</i>	Follow-up (Circle one): YES <input type="radio"/> NO <input checked="" type="radio"/>	Follow-up Date <i>NA</i>

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

ESTABLISHMENT NAME BOKKA		LOCATION (Address) STE 125, CHAMORRO VILLAGE, AGANA
INSPECTION DATE 08 / 29 / 2016	SANITARY PERMIT NO. 160002025	PERMIT HOLDER FREDERICK A. LEON GUERRERO

TEMPERATURE OBSERVATIONS

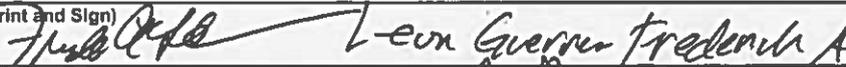
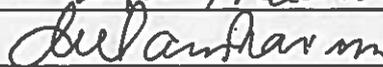
Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
N/O			

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.

	<p>A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 08/17/2016 IN RESPONSE TO COMPLAINT NO. 16-112 REGARDING SOME PEOPLE GETTING SICK AFTER CONSUMING FOOD AT A PARTY CATERED BY SAID ESTABLISHMENT. ALL PREVIOUS VIOLATIONS (ITEMS # 1, 2, 8, 13, 32, 33, 52, AND 57) WERE CORRECTED. THE FOLLOWING ^{NEW} VIOLATION WAS OBSERVED TODAY</p>	
45	<p>APPROPRIATE TEST STRIP FOR THE SANITIZING SOLUTION IS NOT AVAILABLE; PIC SAID THEY USE BLEACH SOLUTION BUT THEY HAVE QUAT TEST STRIP ON HAND. THE APPROPRIATE TEST STRIP SHALL BE USED TO ENSURE THAT THE SANITIZING SOLUTION IS BEING DILUTED PROPERLY. PICTURES OF THE INSPECTION WERE TAKEN. REPLACED "C" PLACARD WITH "A" PLACARD NO. 21789. INFORMED PIC THAT A VALID SANITARY PERMIT FOR CATERING SHALL BE USED IF ENGAGING IN CATERING BUSINESS. DISCUSSED THIS INSPECTION REPORT WITH PIC, FREDERICK LEON GUERRERO</p>	09/28/16

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)  Leon Guerrero Frederick A.	Date: 8/29/16
DEH Inspector (Print and Sign) LELANI NAVARRO, EP#0 I 	Date: 08/09/16