

GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH	BARBER AND BEAUTY SHOPS, SCHOOLS, AND THE PRACTICE OF BARBERING AND COSMETOLOGY INSPECTION REPORT
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INSPECTION	GRADE	Inspection Date	ESTABLISHMENT NAME:
Regular <input checked="" type="checkbox"/>	10/A	08/17/16	HAIRDRESSER BY KIMBERLY
Follow-Up <input type="checkbox"/>		Time In/Out:	OWNER/OPERATOR:
Complaint <input type="checkbox"/>		1045	NYX CORPORATION
Investigation <input type="checkbox"/>		Sanitary Permit:	LOCATION:
Other(Specify Below) <input type="checkbox"/>	No.: 160001602	LOT 82-1-J-RID UNIT 201, TOWNA STOPPING CENTER	ESTABLISHMENT TYPE: BEAUTY SALON
		Exp.: 06/30/17	

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written hearing request must be submitted before the indicated correction date.

ITEM NO.*	REMARKS	DEMERITS
	A REGULAR INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION DATED 08/07/2013 YIELDED A GRADE/RATING OF 6/A. ALL PREVIOUS VIOLATIONS WERE CORRECTED	
	THE FOLLOWING VIOLATIONS WERE OBSERVED TODAY:	
4	EMPLOYEE DID NOT WASH HER HANDS IN BETWEEN HANDLING CUSTOMERS. HANDS MUST BE PROPERLY WASHED IN BETWEEN HANDLING CUSTOMERS TO PREVENT CROSS-CONTAMINATION.	4
17	EMPLOYEE DID NOT SANITIZE UTENSILS IN BETWEEN EACH USE. ALL INSTRUMENTS, UTENSILS, AND EQUIPMENT SHALL BE SANITIZED IN BETWEEN EACH USE TO PREVENT SPREAD OF DISEASE.	6
25	HANDWASHING FACILITY (SINK) WAS BLOCKED WITH MIRROR. HANDWASHING FACILITY SHALL BE ACCESSIBLE AT ALL TIMES TO PROMOTE REGULAR HANDWASHING.	CDS
26	NO SOAP PROVIDED FOR TWO HANDWASHING FACILITIES. HANDWASHING FACILITIES SHALL BE MAINTAINED WITH SOAP & PAPER TOWELS TO PROMOTE PROPER HANDWASHING.	CDS
	PICTURES OF VIOLATIONS WERE TAKEN.	
	ISSUED "A" PLACARD NO. 01737.	
	DISCUSSED THIS INSPECTION REPORT WITH PIC, NOH YOUNG KIM.	

I HAVE READ AND UNDERSTAND THE ABOVE VIOLATION(S) AND I AM AWARE OF THE CORRECTIVE MEASURES TO BE TAKEN.

*When any of the following items are cited above, they shall be corrected within ten (10) days of this inspection:
 (1), (2), (3), (7), (8), (17), (22), (24), (31), (43), and (45).

RECEIVED BY (Name & Title):

DEH INSPECTOR (Name & Title):
 EVAN LUM, EPID I

L. NAYMAN, EPID I