

GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH	<b>BARBER AND BEAUTY SHOPS, SCHOOLS, AND          THE PRACTICE OF BARBERING AND          COSMETOLOGY          INSPECTION REPORT</b>
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INSPECTION	GRADE	Inspection Date	ESTABLISHMENT NAME:
Regular <input checked="" type="checkbox"/>	16/B	08/17/16	MORNING STAR BEAUTY & BARBER SHOP
Follow-Up <input type="checkbox"/>		Time In/Out:	OWNER/OPERATOR:
Complaint <input type="checkbox"/>		2:10 / 3:15	ATHN, DE C.
Investigation <input type="checkbox"/>		Sanitary Permit:	LOCATION:
Other (Specify Below) <input type="checkbox"/>		No.: 160001520	#110 VICTORIA BLOC, RT. 4, SAN RAMON RD, AGANA
		Exp.: 06/30/17	ESTABLISHMENT TYPE: BEAUTY SALON

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 09/4/2014 YIELDED A GRADE/RATING OF 4/A. ALL PREVIOUS VIOLATIONS (ITEMS # 21 & # 26) WERE CORRECTED. THE FOLLOWING VIOLATIONS WERE OBSERVED TODAY:	
14	NO SUITABLE PROTECTION IS PLACED ON EACH CUSTOMER'S NECK. A SANITARY "NECK STRIP", A PRESHLY LAUNDERED TOWEL, OR OTHER SUITABLE SANITARY PROTECTION SHALL BE PLACED BETWEEN THE CAPE AND THE CUSTOMER'S NECK TO PREVENT CROSS-CONTAMINATION.	4
16	COMBS, HAIR CLIPS, AND SCISSORS NOT CLEANED AND SANITIZED IN BETWEEN EACH USE. ALL INSTRUMENTS, EQUIPMENT, AND UTENSILS SHALL BE CLEANED AND SANITIZED IN BETWEEN USE TO PREVENT SPREAD OF GERMS.	6
43	NO VALID HEALTH CERTIFICATE FOR LONITA HAINRICK (DOB: 07/22/70). HER HEALTH CERTIFICATE EXPIRED ON 08/27/15 AND HAS NOT BEEN RENEWED SINCE. ANY PERSON WORKING IN A COSMETIC ESTABLISHMENT SHALL POSSESS A VALID HEALTH CERTIFICATE  REMOVED "A" PLACARD AND ISSUED "B" PLACARD NO. 00218.  DISCUSSED THIS INSPECTION REPORT WITH OWNER, DE ATHN.	6

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):

LEILANI NAVARRO, EPMD I  08/17/16