

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

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	68	3/22/16	DEDEDO MARTINEZ KITCHENETTE
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RATING	1:00pm	
Investigation			D	SANITARY PERMIT NO.	LOCATION (Address)
Other:				150001519	SALISBURY ST. PETERBORO
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
RESTAURANT			1	632-7734	1
					No. of Repeat Risk Factor/Intervention Violations
					0

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, 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
Supervision						
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Person in charge present, demonstrates knowledge, and performance duties			6
Employee Health						
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Management awareness; policy present			6
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed			6
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			6
Approved Source						
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source			6
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			6
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated			6
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			6
Protection from Contamination						
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food separated and protected			6
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food contact surfaces: cleaned & sanitized			6
15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food			6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures			6
17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			6
18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperature			6
19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures			6
20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cold holding temperatures			6
21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking and disposition			6
Consumer Advisory						
22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized Foods used; prohibited foods not offered			6
Chemical						
24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used			6
25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, and HACCP plan			6

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.

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
Safe Food and Water						
27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1
28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source			2
29	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1
Food Temperature Control						
30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1
31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1
32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			1
33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometer provided and accurate			1
Food Identification						
34	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container			1
Prevention of Food Contamination						
35	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			2
36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display			1
37	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness			1
38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			1
39	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits and vegetables			1

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored			1
41	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled			1
42	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used			1
43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves used properly			1
Utensils, Equipment and Vending						
44	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips			1
46	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean			1
Physical Facilities						
47	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hot & cold water available, adequate pressure			2
48	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices			2
49	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed			2
50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean			1
53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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>REN</i>	Date: 3/22/16
DEH Inspector (Print and Sign) <i>Diana Githen</i>	Follow-up (Circle one): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Follow-up Date: _____	

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

ESTABLISHMENT NAME DEDEDO MARTINEZ KITCHENETTE		LOCATION (Address) SALISBURY ST. DEDEDO	
INSPECTION DATE 3, 22, 16	SANITARY PERMIT NO. 150001619	PERMIT HOLDER 150001519 DEDEDO MARTINEZ KITCHENETTE	

TEMPERATURE OBSERVATIONS

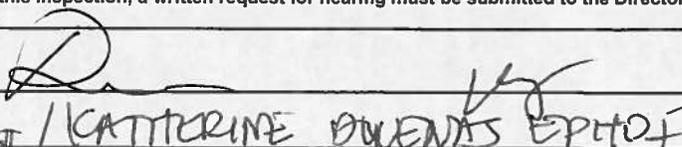
Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
PORK (COLD HOLDING)	49.8°F		
PIZZA (COLD HOLDING)	30.0°F		
PORK CUTS (COLD HOLDING)	51.5°F		
CHICKEN KAYUEN (COLD HOLDING)	55.2°F		
CHICKEN CHOPQUET (HOT HOLDING)	80.7°F		
CHICKEN ADORO (HOT HOLDING)	121.6°F		
PORK SOUP (HOT HOLDING)	146°F		
BBQ CHICKEN (HOT HOLDING)	84.7°F		
PORK ADORO (HOT HOLDING)	136.1°F		
RICE (COOKED)	144.3°F		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

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>AN INSPECTION / INVESTIGATION WAS CONDUCTED BASED ON COMPLAINT NO. 16-022D REGARDING FLIES INSIDE BUFFET AREA, EMPLOYEES CHEWING BETELNUT, EMPLOYEES WEARING SLIPPERS NO HAIR NET, RESTAURANT FILTHY AND DIRTY AND COOKED FOOD STORED IN BOXES ON TOP OF BUFFET GLASS. PREVIOUS INSPECTION THE FOLLOWING VIOLATIONS WERE OBSERVED:</p>	<p>8/15/14 (A/O)</p>
2	<p>NO EMPLOYEE HEALTH POLICY IN PLACE AN EMPLOYEE HEALTH POLICY SHALL BE IMPLEMENTED TO ENSURE SICK EMPLOYEES ARE RESTRICTED / EXCLUDED FROM WORKING TO PREVENT ANY CONTAMINATION FROM OCCURRING.</p>	
3		
6	<p>EMPLOYEES NOT PROPERLY CLEANING AND WASHING THEIR HANDS. EMPLOYEES SHALL WASH HANDS FREQUENTLY AND AS OFTEN AS NEEDED WITH LIQUID HAND SOAP WITH HOT COLD RUNNING WATER TO PREVENT CONTAMINATION OF FOOD AND OTHER CLEAN EQUIPMENT.</p>	

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) 	Date: 3/22/16
DEH Inspector (Print and Sign) Derick Mitchell	Date: 3/22/16

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

ESTABLISHMENT NAME DEDEDO MARTINEZ KITCHENETTE		LOCATION (Address) SALUDARY ST. DEDEDO
INSPECTION DATE 3/22/16	SANITARY PERMIT NO. 150001519	PERMIT HOLDER DEDEDO MARTINEZ KITCHENETTE

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

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.

8	<p>NO LIQUID HAND SOAP, PAPER TOWEL AND DISPENSER WERE PROVIDED AT THE HANDWASH SINKS IN THE KITCHEN AND FRONT SERVICE. ^{RAV} HANDWASH SINKS IN BOTH AREAS WERE BLOCKED AND INACCESSIBLE.</p> <p>ALL HANDWASHING SINKS SHALL BE PROPERLY SUPPLIED AND ACCESSIBLE TO ENSURE HANDS ARE PROPERLY WASHED.</p>	
11	<p>OBSERVED FLIES IN FOOD BUFFET LINE (ORANGE CHICKEN) FOOD SHALL BE IN GOOD CONDITION AND SAFE FOR CONSUMPTION. INFORMED OWNER TO DISCARD CONTAMINATED FOOD SEVERAL TIMES BUT THE FOOD REMAINED STORED ON THE PREPARATION TABLE NEXT TO OTHER FOOD ITEMS PREPARED FOR SERVICE.</p>	PORK SNOUT
13	<p>OBSERVED PERSONAL FOOD ITEMS STORED ON TOP OF THE CUTTING BOARD IN THE FOOD PREPARATION AREA; MEAT (RAW) IN CHILL UNIT UNCOVERED.</p> <p>ALL FOOD SHALL BE PROTECTED DURING STORAGE, SERVICE, AND PREPARATION TO PREVENT ANY CONTAMINATION.</p>	
14	<p>DISCOLORATION OF CUTTING BOARDS; THREE COMPARTMENT SINK WAS NOT THOROUGHLY CLEANED AND SANITIZED PRIOR TO STORING FOOD PRODUCTS INSIDE (PORK SNOUT). ALL FOOD CONTACT SURFACES SHALL BE CLEANED AND SANITIZED TO PREVENT ANY CONTAMINATION OF FOOD.</p>	
16	<p>MULTIPLE COOKED POTENTIALLY HAZARDOUS FOOD TIME-TEMPERATURE CONTROL FOR SAFETY (PHF/TCS) FOOD IN BUFFET AREA WERE NOT MEETING THE TEMPERATURE REQUIREMENTS (SEE TEMPERATURE LOG)</p>	

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) REN Ren	Date: 3/22/16
DEH Inspector (Print and Sign) Denise L. Hall EPHOZI KATHERINE BUNAS EPHOZI	Date: 3/22/16

Food Establishment Inspection Report

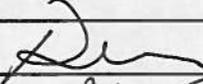
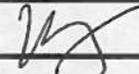
ESTABLISHMENT NAME DEDEDO MARTINEZ KITCHENETTE		LOCATION (Address) SAUSBURY ST. DEDEDO
INSPECTION DATE 3, 22, 16	SANITARY PERMIT NO. 150001519	PERMIT HOLDER DEDEDO MARTINEZ KITCHENETTE

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

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.

	CONTINUATION: ALL HOT HOLDING FOOD SHALL BE HELD AT 140°F OR ABOVE TO PREVENT THE GROWTH OF BACTERIA.	
20	MULTIPLE COLD HELD PHF/TCS FOOD IN BUFFET AREA AND CHILL UNIT WERE NOT MEETING THE TEMPERATURE REQUIREMENTS (SEE TEMPERATURE LOG). ALL COLD HOLDING FOOD SHALL BE HELD AT 41°F OR BELOW TO PREVENT THE RAPID GROWTH OF BACTERIA.	
21	OBSERVED FOOD PRODUCTS STORED IN REFRIGERATOR AREA TO BE HELD MORE THAN 24 HOURS WITH NO DATE MARKING. ALL FOOD ITEMS STORED MORE THAN 24 HOURS SHALL BE DATE MARKED TO ENSURE FOODS ARE TIMELY DISCARDED	
33	NO METAL STEM TYPE THERMOMETER PROVIDED IN ESTABLISHMENT. A THERMOMETER SHALL BE PROVIDED IN ORDER TO MONITOR TEMPERATURE OF FOOD.	
35	OBSERVED FLIES IN BUFFET LINE AREA, DINING AREA, AND KITCHEN. ACTIONS SHALL BE TAKEN TO PREVENT AND MINIMIZE PRESENCE OF PESTS.	
36	PRODUCE STORED IN HALLWAY ACROSS RESTROOMS (MALE & FEMALE); FOOD ON BUFFET LINE WERE NOT PROVIDED WITH LIDS DURING THE PRESENCE OF FLIES. FOOD SHALL BE PROTECTED TO ENSURE NO CROSS -	

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) REN 	Date: 3/22/16
DEH Inspector (Print and Sign) KATHERINE BUENASS, EP#01 	Date: 3/22/16

Food Establishment Inspection Report

ESTABLISHMENT NAME DEDEDO MARTINEZ KITCHENETTE		LOCATION (Address) SAUSPOURRY ST. DEDEDO
INSPECTION DATE 3, 22, 16	SANITARY PERMIT NO. 150001519	PERMIT HOLDER DEDEDO MARTINEZ KITCHENETTE

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

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.

46.	ACCUMULATION OF GREASE THROUGHOUT THE STOVE, TRASH BIN AND VENTILATION HOOD. ALL NONFOOD-CONTACT SURFACES OF EQUIPMENT SHALL BE FREQUENTLY CLEANED TO PREVENT THE BUILD UP OF GREASE AND DEBR.	
37	OBSERVED OWNER OF ESTABLISHMENT IN KITCHEN USING SLIPPERS DURING PREPARATION OF FOOD. ALL PERSONNEL SHALL WEAR PROPER CLOTHING AND FOOTWEAR TO PREVENT CONTAMINATION OF FOOD AND CLEAN EQUIPMENT.	
47.	NO HOT RUNNING WATER THROUGHOUT ESTABLISHMENT. HOT AND COLD RUNNING WATER SHALL BE PROVIDED IN ORDER TO PROPERLY REMOVE ANY OIL AND GREASE WHEN CLEANING HANDS AND WASHING EQUIPMENT AND UTENSILS AND CLEANING SUPPLIES/EQUIPMENT.	
52	OBSERVED ACCUMULATION OF GREASE IN WALLS & FLOORS; FLOODS LOCATED IN HALLWAY IN DISREPAIR FROM STANDING WATER; UNAPPROVED FACILITY CONNECTED TO THE ESTABLISHMENT IS USED TO STORE AND PREPARE FOOD; STRONG ODOR COMING FROM GREASE TRAP AND STANDING WATER IN THE HALLWAY; MOP SINK IS LEAKING AT THE BOTTOM PIPE; ADEQUATE LIGHTING SHALL BE PROVIDED IN HALLWAY. ALL AREAS OF THE PHYSICAL FACILITY SHALL BE CLEANED AS OFTEN AS NEEDED, MAINTAINED AND IN GOOD REPAIR THE GREASE TRAP MUST BE SERVICED AND THE UNAPPROVED FACILITY MUST BE INSPECTED AND APPROVED BY THE DPHSS PLANS & SPECIFICATION SECTION	

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) REN	Date: 3/22/16
DEH Inspector (Print and Sign) KATHERINE BOWENS, EPHO I	Date: 3/22/16

Food Establishment Inspection Report

ESTABLISHMENT NAME DEDEDO MARTINEZ KITCHENETTE		LOCATION (Address) SAUSPIRY ST. DEDEDO
INSPECTION DATE 3/22/16	SANITARY PERMIT NO. 150001519	PERMIT HOLDER DEDEDO MARTINEZ KITCHENETTE

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

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.

	CONTAMINATION OCCURS.	
38	WIPING CLOTHS WERE OBSERVED STORED IN A BUCKET BELOW THE THREE COMPARTMENT SINK AND ON THE MOP SINK WITHOUT SANITIZING SOLUTION. WIPING CLOTHS SHALL BE STORED IN A SANITIZING SOLUTION THAT IS PROPERLY DILUTED AFTER EACH USE TO ENSURE CLOTHS ARE SANITARY BEFORE EACH USE.	
40	MULTIPLE ^{IN USE} KNIVES AND OTHER UTENSILS WERE STORED IN THE HAND WASH SINK. ALL ^{IN USE} UTENSILS AND EQUIPMENT SHALL BE STORED PROPERLY TO PREVENT ANY CONTAMINATION PRIOR TO USE.	
41	MULTIPLE KNIVES AND LABELS WERE NOT PROPERLY STORED. ALL CLEAN UTENSILS AND EQUIPMENT SHALL BE STORED PROPERLY TO PREVENT CONTAMINATION.	
44	^{LID} FREEZER UNIT IN THE MOP SINK AREA IS IN DISREPAIR. ALL FOOD AND NON FOOD CONTACT SURFACES OF EQUIPMENT SHALL BE IN GOOD REPAIR AND MAINTAINED.	
45	CHEMICAL TEST STRIPS NOT PROVIDED AT THE WAREWASHING SINK. A CHEMICAL TEST STRIP SHALL BE PROVIDED IN ORDER TO ENSURE SOLUTIONS ARE PROPERLY DILUTED.	

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) REN	Date: 3/22/16
DEH Inspector (Print and Sign) KATHERINE BUENAS EPHOI	Date: 3/22/16



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

GOVERNMENT OF GUAM
P. O. BOX 2816
HAGATNA, GUAM 96932



Date: 3/22/16

DEDEDO MARTINEZ KITCHENETTE

Name of Establishment

As a result of this inspection, your establishment received a:

LETTER OF WARNING

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) Government of Guam working days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

NOTICE OF CLOSURE

08/D
(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you should provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10GCA §21109(b), you may request a hearing within five (5) Government of Guam working days of the date of this notice.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7215 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely,

JAMES W. GILLAN

Director

BERRIEN MITCHELL /EPHO II

Issued By:

KATHERINE QUENKS /EPHO I

Name of Inspector

Received By:

Establishment Representative