

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

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular	✓	✓	4  A	12 / 5 / 17		GMHA DIETETIC SERVICES	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint				1:45 PM	4:10 PM	GUAM MEMORIAL HOSPITAL AUTHORITY	
Investigation				SANITARY PERMIT NO.		LOCATION (Address) #850 GOVERNOR CARLOS CANACHO ROAD TAMUNING, GUAM	
Other:				170000689			
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
CAFETERIA				7	647-2255	0	4
				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
<b>Supervision</b>					
1	IN	OUT			6
Person in charge present, demonstrates knowledge, and performance duties					
<b>Employee Health</b>					
2	IN	OUT			6
Management awareness; policy present					
3	IN	OUT			6
Proper use of reporting, restriction & exclusion					
<b>Good Hygienic Practices</b>					
4	IN	OUT	N/A	N/O	6
Proper eating, tasting, drinking, betelnut, or tobacco use					
5	IN	OUT	N/A	N/O	6
No discharge from eyes, nose, and mouth					
<b>Preventing Contamination by Hands</b>					
6	IN	OUT	N/A	N/O	6
Hands clean and properly washed					
7	IN	OUT	N/A	N/O	6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed					
8	IN	OUT			6
Adequate handwashing facilities supplied & accessible					
<b>Approved Source</b>					
9	IN	OUT			6
Food obtained from approved source					
10	IN	OUT	N/A	N/O	6
Food received at proper temperature					
11	IN	OUT			6
Food in good condition, safe, and unadulterated					
12	IN	OUT	N/A	N/O	6
Required records available: shellstock tags, parasite destruction					
<b>Protection from Contamination</b>					
13	IN	OUT	N/A		6
Food separated and protected					
14	IN	OUT	N/A		6
Food contact surfaces: cleaned & sanitized					
15	IN	OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food					

  

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

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

  

Compliance Status			COS	R	PTS
<b>Proper Use of Utensils</b>					
40		In-use utensils: properly stored			1
41		Utensils, equipment and linens: properly stored, dried, handled			1
42		Single-use/single-service articles: properly stored, used			1
43		Gloves used properly			1
<b>Utensils, Equipment and Vending</b>					
44	X	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45		Warewashing facilities: installed, maintained, used; test strips			1
46		Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>					
47		Hot & cold water available, adequate pressure			2
48	X	Plumbing installed; proper backflow devices			2
49		Sewage and wastewater properly disposed			2
50		Toilet facilities: properly constructed, supplied, & cleaned			2
51		Garbage/refuse properly disposed; facilities maintained			2
52	X	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)		Date:
<i>Cynthia L. Tucker</i>		12/05/2017
DEH Inspector (Print and Sign)		Follow-up (Circle one): YES NO
<i>K. OENAS, EPHO III</i>		Follow-up Date 1/5/2018

Department of Public Health and Social Services  
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Food Establishment Inspection Report

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ESTABLISHMENT NAME GMHA DIETETIC SERVICES		LOCATION (Address) #850 GOVERNOR CARLOS CAMACHO ROAD TAMUNING, GUAM
INSPECTION DATE 12 / 5 / 2017	SANITARY PERMIT NO. 170000689	PERMIT HOLDER GUAM MEMORIAL HOSPITAL AUTHORITY

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
ARROZ CALDO / HOT HOLDING	204.0	TUNA SANDWICH / CAFETERIA CHILLER	40.5
ALAGUAN - PORRIDGE / "	196.0	HAM SANDWICH / "	42.5 / 41.5
SHREDDED GRILLED BEEF / CHILLER	41.5	EGG SANDWICH / "	41.0
RAW CHICKEN THIGH / CHILLER	31.0 / 34.5		
RAW TURKEY BREAST / CHILLER	40.5		
GROUND BEEF / CHILLER	38.5		
RAW FISH / CHILLER	39.5		
RAW CHICKEN DRUM STICK / CHILLER	31.5		
WHITE RICE / HOT HOLDING	156.0		
TUNA SANDWICH / WALK IN CHILLER	38.5		

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.

	A REGULAR QUARTERLY INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION DONE ON 9/29/17 RESULTED IN A 2/A RATING. THE FOLLOWING WERE OBSERVED TODAY:	
44	WALK-IN FREEZER DOOR FOUND DIFFICULT TO OPEN AND CLOSE DUE TO ICE BUILD-UP. (REPEAT VIOLATION). ACCORDING TO PERSON-IN-CHARGE (PIC) REQUEST FOR PRICE QUOTES HAYES HAS BEEN PLACED. CUTTING BOARDS FOUND STAINED. FOOD AND NON-FOOD CONTACT SURFACES SHALL BE MAINTAINED TO PREVENT PHYSICAL HAZARDS AND TO PROPERLY UTILIZE THE EQUIPMENT.	1/5/18
48	HANDWASH SINK IN THE MALE STAFF RESTROOM FOUND LEAKING. ALL PLUMBING FIXTURES SHALL BE KEPT IN GOOD REPAIR AND PROPERLY MAINTAINED TO ENSURE OPERATION OF FIXTURES. *PIC PROVIDED DOCUMENTATION OF WORK REQUISITION TO REPAIR MALE STAFF HAND WASH SINK.	1/5/18
52	GREASE TRAP FOUND WITH SIGNS OF OVERFLOW. (REPEAT VIOLATION) *PIC PROVIDED DOCUMENTATION OF WORK REQUISITION TO EVALUATE AND CORRECT THE GREASE TRAP. CEILING TILES FOUND WITH DISCOLORATION DUE TO MOULD AND WATER STAINS. (REPEAT VIOLATION) *PIC PROVIDED DOCUMENTATION OF WORK REQUISITION	1/5/18

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) Cynthia L. Tucker	Date: 12/5/17
DEH Inspector (Print and Sign) K. DUENAS EPHO III	Date: 12/5/17 RLD

White: DPHSS/DEH Yellow: Food Establishment

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[illegible]

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