

**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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6/28/17	BASIL FOOD SERVICE
Follow-up				TIME IN	TIME OUT
Complaint				7:16am	10:30am
Investigation				SANITARY PERMIT NO.	LOCATION (Address)
Other:				170001742	LOT 14541-2-NEW/239-7-1 W. O'BRIEN DR. HAGATNA
ESTABLISHMENT TYPE				AREA	TELEPHONE
CATERING				8	458888
				No. of Risk Factor/Intervention Violations	0
				No. of Repeat Risk Factor/Intervention Violations	0
				RISK CATEGORY	
				4	

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance 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 performs 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/A	6
Proper eating, tasting, drinking, betelnut, or tobacco use					
5	IN	OUT	N/A	N/A	6
No discharge from eyes, nose, and mouth					
<b>Preventing Contamination by Hands</b>					
6	IN	OUT	N/A	N/A	6
Hands clean and properly washed					
7	IN	OUT	N/A	N/A	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/A	6
Food received at proper temperature					
11	IN	OUT			6
Food in good condition, safe, and unadulterated					
12	IN	OUT	N/A	N/A	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/A	6
Proper cooking time and temperatures					
17	IN	OUT	N/A	N/A	6
Proper reheating procedures for hot holding					
18	IN	OUT	N/A	N/A	6
Proper cooling time and temperatures					
19	IN	OUT	N/A	N/A	6
Proper hot holding temperatures					
20	IN	OUT	N/A		6
Proper cold holding temperatures					
21	IN	OUT	N/A	N/A	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	X	Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>					
35		Insects, rodents, and animals not present			2
36	X	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		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	X	Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>					
54		Sanitary Permit, Health Certificates valid and posted			2

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) Michael Zhou

Date: 6/28/17

DEH Inspector (Print and Sign) KATHERINE BUNO / LILANI NAVARRO

Follow-up (Circle one): YES NO Follow-up Date

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

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ESTABLISHMENT NAME <b>BASIL FOOD SERVICE</b>		LOCATION (Address) <b>LOT 1454 12 NEW/239-7-1 W. OAKEN DR HAGAIA</b>
INSPECTION DATE <b>6/28/17</b>	SANITARY PERMIT NO. <b>1700001742</b>	PERMIT HOLDER <b>BASIL FOOD INDUSTRIAL SERVICES CORP.</b>

**TEMPERATURE OBSERVATIONS**

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
RAW CHICKEN / WALK-IN CHILLER	31.5		
COOKED BROCCOLI / STOVE	102.5		
COOKED CARROTS/PEAS / STOVE	152.0		
COOKED PORK LOIN/STOVE	198.0/193.0		
COOKED WHITE RICE / STOVE	206.0		
COOKED SPINACHE / STOVE	172.0		
COOKED FISH / STOVE	159.5		

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 INSPECTION WAS CONDUCTED ON THIS DAY; PREVIOUS INSPECTION WAS CONDUCTED ON 3/29/17 (3/A); ALL PREVIOUS VIOLATIONS CARRIED THE FOLLOWING VIOLATIONS WERE OBSERVED.	
#34	CONTAINER FOR SALT NOT PROPERLY LABELED. ALL FOOD SHALL BE PROPERLY LABELED TO ENSURE FOOD ITEM IDENTIFICATION.	7/28/17
#36	OBSERVED EMPLOYEE TURNING ON STOVE WITH LADLE (FOOD CONTACT SURFACE) THEN MIXING FOOD WITH IT; FOOD IN THE WALK-IN FREEZER STORED DIRECTLY ON FLOOR. CONTAMINATION SHALL BE PREVENTED DURING PREPARATION AND STORAGE.	7/28/17
#44	STORAGE CONTAINER FOR KNIVES HAVE RUST; CUTTING BOARDS WITH DEEP CUT MARKS AND STAINS. ALL FOOD CONTACT SURFACES OF EQUIPMENT AND UTENSILS SHALL BE KEPT CLEAN AND IN GOOD REPAIR.	7/28/17
#52	BASE BOARD ON WALL NEXT TO RESTROOMS IS IN REPAIR; FLOOR THROUGHOUT FACILITY HAS PAINT PEELING.	7/28/17

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 the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <i>Eggen Michael Zhou</i>	Date: <b>6/28/17</b>
DEH Inspector (Print and Sign) <i>KATHARINE GUERAS / LEWANI NAVARRO</i>	Date: <b>6/28/17</b>

**Department of Public Health and Social Services**  
**Division of Environmental Health**

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ESTABLISHMENT NAME BASIL FOOD SERVICE		LOCATION (Address) LOT 1454 - 1-2 NEW 1299-7-1 W. O'BRIEN DR. MAGATNA
INSPECTION DATE 6.28.17	SANITARY PERMIT NO. 700001742	PERMIT HOLDER BASIL FOOD INDUSTRIAL SERVICES CORP

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[illegible]

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**Person in Charge (Print and Sign)**

DEH Inspector (Print and Sign)

Date: 6/28/17

Date: 6/28/17