

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			<u>7</u>	<u>8/22/2017</u>	<u>Shirley's Office Shop - Harmon</u>
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RATING	<u>2:10pm</u>	<u>4:40pm</u>
Investigation			<u>A</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:				<u>170000850</u>	<u>Wing ON Corporation</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>Restaurant</u>				<u>1</u>	<u>988-3788</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>0</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>0</u>	

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"/> IN	<input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Management awareness; policy present			6
3	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Hands clean and properly washed	6
7	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			Adequate handwashing facilities supplied & accessible	6
Approved Source						
9	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			Food obtained from approved source	6
10	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Food received at proper temperature	6
11	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			Food in good condition, safe, and unadulterated	6
12	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	6
Protection from Contamination						
13	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Food separated and protected	6
14	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			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"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Proper cooking time and temperatures	6
17	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Proper reheating procedures for hot holding	6
18	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Proper cooling time and temperatures	6
19	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Proper hot holding temperatures	6
20	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Proper cold holding temperatures	6
21	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Proper date marking and disposition	6
Consumer Advisory						
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Pasteurized foods used; prohibited foods not offered	6
Chemical						
24	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Food additives: approved and properly used	6
25	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			Toxic substances properly identified, stored, used	6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		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		Pasteurized eggs used where required				1
28		Water and Ice from approved source				2
29		Variance obtained for specialized processing methods				1
Food Temperature Control						
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	<input checked="" type="checkbox"/> X	Thermometer provided and accurate		<input checked="" type="checkbox"/> X		1
Food Identification						
34		Food properly labeled; original container				1
Prevention of Food Contamination						
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
Proper Use of Utensils						
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
Utensils, Equipment and Vending						
44		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				1
45	<input checked="" type="checkbox"/> X	Warewashing facilities: installed, maintained, used, test strips				1
46		Nonfood-contact surfaces clean				1
Physical Facilities						
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		Physical facilities installed, maintained, and clean				1
53		Adequate ventilation and lighting; designated areas use				1
Documents and Placards						
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)	Date:
<u>Jerome Garcia EPHO-I</u>	<u>8/22/17</u>
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES NO
<u>Deion Mitchell EPHO-II</u>	<u>NO</u>
	Follow-up Date: <u>9/11/17</u>

Food Establishment Inspection Report

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ESTABLISHMENT NAME SHIRLY'S COFFEE SHOP - HARMON		LOCATION (Address) #106 CALVO COMMERCIAL CENTER II HARMON LWP RD
INSPECTION DATE 8/22/2017	SANITARY PERMIT NO. 170000850	PERMIT HOLDER WING ON CORPORATION

TEMPERATURE OBSERVATIONS

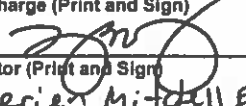
Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
Rice / Warmer	160°F		
Longanisa Beef / Stove	169°F		
prawns / Stove	162°F		
Ham / Reach-in chiller	41.5°F		
Beef / Stove	172°F		
Beef / Stand up chiller	51.5°F		
Beef / Stand up chiller	46°F		
Pork / Walk-in chiller	53°F		
SPAM / Walk-in chiller	57°F		
RAW shell eggs / Walk-in chiller	53°F		

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 based on a complaint #17-029A regarding possible adulterated food item. The complaint is unsubstantiated. NO evidence of possibly adulterated food items observed during time of inspection. The following violations were observed. Previous inspection conducted on 5/31/2013 O/A	
#2	NO Employee Health policy provided. Employee Health policy shall be provided to ensure proper exclusion and restriction of employees.	9/1/17
#20	PHF/TCS foods improperly cold held (eggs, Beef, Spam, Pork). All PHF/TCS shall be properly cold held at 41°F and below to prevent the rapid growth of bacteria.	COS Thrown out
#23	Thermometers not provided during initial inspection. Thermometers shall be provided to ensure proper internal cold holding temps.	COS
#45	Chemical test kit not provided. Chemical test kit shall be provided to ensure sanitizer is at the proper strength.	9/22/17

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) 	Date: 8/22/17
DEH Inspector (Print and Sign) Derien Mitchell EPHO-II	Date: 8/22/17

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ESTABLISHMENT NAME <u>Shirley's Coffee Shop - Harmon</u>		LOCATION (Address) <u>#106 Calvo Commercial Center II Harmon Loop</u>
INSPECTION DATE <u>8/22/17</u>	SANITARY PERMIT NO. <u>170000850</u>	PERMIT HOLDER <u>Wing ON Corporation</u>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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photos of violation were taken
person in charge briefed on above
issued "A" placard No. 02980

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Person in Charge (Print and Sign) <u>[Signature]</u>	Date: <u>8/22/17</u>
DEH Inspector (Print and Sign) <u>Debra Mitchell EPHO-II</u> <u>Jerome Garcia EPHO-1</u>	Date: <u>8/22/17</u>