

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"/>	1 A	8 / 24 / 2017		VEGETABLE & SEAFOOD	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>			10:30AM	12:20 PM	Wei Jin Guan	
Investigation				SANITARY PERMIT NO.		LOCATION (Address)	
Other:				170000660		STE C-212 Micronesia Mall, Dededo	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
Stall Stand				1	637-8001	0	3
						No. of Repeat Risk Factor/Intervention Violations	
						0	

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
Supervision						
1	<input checked="" type="checkbox"/> IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="checkbox"/> IN	OUT	Management awareness; policy present			6
3	<input checked="" type="checkbox"/> IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/> IN	OUT	N/A	N/A		6
5	<input checked="" type="checkbox"/> IN	OUT	N/A	N/A		6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/> IN	OUT	N/A	N/A		6
7	<input checked="" type="checkbox"/> IN	OUT	N/A	N/A		6
8	<input checked="" type="checkbox"/> IN	OUT				6
Approved Source						
9	<input checked="" type="checkbox"/> IN	OUT				6
10	<input checked="" type="checkbox"/> IN	OUT	N/A	N/A		6
11	<input checked="" type="checkbox"/> IN	OUT				6
12	<input checked="" type="checkbox"/> IN	OUT	N/A	N/A		6
Protection from Contamination						
13	<input checked="" type="checkbox"/> IN	OUT	N/A			6
14	<input checked="" type="checkbox"/> IN	OUT	N/A			6
15	<input checked="" type="checkbox"/> IN	OUT				6
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="checkbox"/> IN	OUT	N/A	N/A		6
17	<input checked="" type="checkbox"/> IN	OUT	N/A	N/A		6
18	<input checked="" type="checkbox"/> IN	OUT	N/A	N/A		6
19	<input checked="" type="checkbox"/> IN	OUT	N/A	N/A		6
20	<input checked="" type="checkbox"/> IN	OUT	N/A			6
21	<input checked="" type="checkbox"/> IN	OUT	N/A	N/A		6
Consumer Advisory						
22	<input checked="" type="checkbox"/> IN	OUT	N/A			6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/> IN	OUT	N/A			6
Chemical						
24	<input checked="" type="checkbox"/> IN	OUT	N/A			6
25	<input checked="" type="checkbox"/> IN	OUT				6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/> IN	OUT	N/A			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"/> IN		Pasteurized eggs used where required			1
28	<input checked="" type="checkbox"/> IN		Water and ice from approved source			2
29	<input checked="" type="checkbox"/> IN		Variance obtained for specialized processing methods			1
Food Temperature Control						
30	<input checked="" type="checkbox"/> IN		Proper cooling methods used; adequate equipment for temperature control			1
31	<input checked="" type="checkbox"/> IN		Plant food properly cooked for hot holding			1
32	<input checked="" type="checkbox"/> IN		Approved thawing methods used			1
33	<input checked="" type="checkbox"/> IN		Thermometer provided and accurate			1
Food Identification						
34	<input checked="" type="checkbox"/> IN		Food properly labeled; original container			1
Prevention of Food Contamination						
35	<input checked="" type="checkbox"/> IN		Insects, rodents, and animals not present			2
36	<input checked="" type="checkbox"/> IN		Contamination prevented during food preparation, storage & display			1
37	<input checked="" type="checkbox"/> IN		Personal cleanliness			1
38	<input checked="" type="checkbox"/> IN		Wiping cloths: properly used and stored			1
39	<input checked="" type="checkbox"/> IN		Washing fruits and vegetables			1
Proper Use of Utensils						
40	<input checked="" type="checkbox"/> IN		In-use utensils, properly stored			1
41	<input checked="" type="checkbox"/> IN		Utensils, equipment and linens: properly stored, dried, handled			1
42	<input checked="" type="checkbox"/> IN		Single-use/single-service articles: properly stored, used			1
43	<input checked="" type="checkbox"/> IN		Gloves used properly			1
Utensils, Equipment and Vending						
44	<input checked="" type="checkbox"/> IN		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input checked="" type="checkbox"/> IN		Warewashing facilities: installed, maintained, used; test strips			1
46	<input checked="" type="checkbox"/> IN		Nonfood-contact surfaces clean			1
Physical Facilities						
47	<input checked="" type="checkbox"/> IN		Hot & cold water available, adequate pressure			2
48	<input checked="" type="checkbox"/> IN		Plumbing installed; proper backflow devices			2
49	<input checked="" type="checkbox"/> IN		Sewage and wastewater properly disposed			2
50	<input checked="" type="checkbox"/> IN		Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input checked="" type="checkbox"/> IN		Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="checkbox"/> IN		Physical facilities installed, maintained, and clean			1
53	<input checked="" type="checkbox"/> IN		Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54	<input checked="" type="checkbox"/> IN		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)

DEH Inspector (Print and Sign)

Date: 8/24/17

Follow-up (Circle one): YES NO

Follow-up Date

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TEMPERATURE OBSERVATIONS

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 in regards to complaint NO: 17-081A Cockroaches in food. Previous inspection was on 6/29/2017 O/A. The claim is unsubstantiated and no evidence of cockroaches observed during time of inspection. As per person in charge, the establishment does not serve ~~that type~~^{the type} of food alleged in the complaint. The following violations were observed:

#33	NO metal stem-type thermometers provided metal stem-type thermometers shall be provided to ensure PHF/TCS foods are at the proper internal temperature
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Photos were taken
PIC Briefed on this inspection
"A" placard NO. 01911 Remains posted

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) *J. Sanchez*

Date: 8/29/17

DEH Inspector (Print and Sign) *Devin M. Tschel* EP40-II

Jerome Garcia EPL40-I

Date: 8/24/2017