

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

POSTED "A" PLACARD NO. 02515

Food Establishment Inspection Report

Page 1 of 1

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	08/12/2020		CHATEAU - TAMUNING	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>		RATING	8:08 PM	9:20 PM	CITAN WOO CORPORATION	
Investigation			A	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				200700477		LOT 3145-REM-6 NEW-3-1 UNIT 102 # 267 CHALAN SAN ANTONIO, TAMUNING	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
DRINK STAND				7	788-8366	0	2
				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	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	IN	OUT	Management awareness, policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	N/A	N/O		6
5	IN	OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	IN	OUT	N/A	N/O		6
7	IN	OUT	N/A	N/O		6
8	IN	OUT				6
Approved Source						
9	IN	OUT				6
10	IN	OUT	N/A	N/O		6
11	IN	OUT				6
12	IN	OUT	N/A	N/O		6
Protection from Contamination						
13	IN	OUT	N/A			6
14	IN	OUT	N/A			6
15	IN	OUT				6
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/O		6
17	IN	OUT	N/A	N/O		6
18	IN	OUT	N/A	N/O		6
19	IN	OUT	N/A	N/O		6
20	IN	OUT	N/A			6
21	IN	OUT	N/A	N/O		6
Consumer Advisory						
22	IN	OUT	N/A			6
Highly Susceptible Populations						
23	IN	OUT	N/A			6
Chemical						
24	IN	OUT	N/A			6
25	IN	OUT				6
Conformance with Approved Procedures						
26	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			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			Thermometer provided and accurate			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
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			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) HELENA MARGA
DEH Inspector (Print and Sign) LEILANI NAVARRO

Date: 8/12/2020
Follow-up (Circle one): YES ☒ NO ☐ Follow-up Date: N/A



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
PUBLIC AND PRIVATE PREMISES
INSPECTION REPORT**

NAME: (OWNER, LESSEE, OCCUPANT, ETC.)

CHATIME TAMUNING

ADDRESS: Lot #, street name, house/apt. #, building name:

LOT 2145-DEM-6NEW-2-1 UNIT 102
#267 Chalan SAN ANTONIO

INSPECTION/INVESTIGATION DATE:

AUG 12, 2020

COMPLAINT #:

MUNICIPALITY/VILLAGE; SUBDIVISION:

TAMUNING


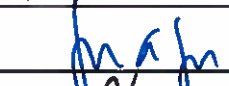
THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS	Not Observed	Corrected on the Spot (COS)	Repeat
	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.			
	The following violations were observed and deemed a public nuisance:			
<input type="checkbox"/>	1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Failed to post appropriate signage for face masks and social distancing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4. Failed to have a policy in place for the frequent cleaning of all surfaces.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5. Failed to have and present an organization-specific guidance plan in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. Failed to properly maintain the required occupant load of _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7. Failed to adhere to the authorized number for social gatherings on business premises.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty.			
	Observations/Findings: <input checked="" type="checkbox"/> None			

YOU ARE HEREBY GIVEN 0 DAYS 0 HOURS TO CORRECT THE ABOVE CITED PROBLEMS.

YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT _____ (DATE)

RECEIVED BY (Print & Sign):



 8/12/2020

DEH INSPECTOR (Print & Sign):

LEILANI NAVARRO, EPHO II  / JEFFREY PINALA, PCIV 



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIATCOMPLIANCE CHECKLIST FOR EATING AND DRINKING ESTABLISHMENTS
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,
DPHSS GUIDANCE MEMO 2020-07 and 2020-12

Name of Establishment: CHATIME - TAMUNING Company Name: CHAN WOO CORPORATION
 Location: LOT 2145-REM-6NEW-3-1 UNIT 102 #267 CHALAN SAN ANTONIO, TAMUNING

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	General Requirements			
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening, which address the following:		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	a. Employee health, to include having a plan in place if someone is or becomes sick		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	b. Cleaning/sanitizing procedures		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	c. Social distancing and other protective measures		<input checked="" type="radio"/> Yes	<input type="radio"/> No
2	Operates at no more than the authorized occupancy rate		<input checked="" type="radio"/> Yes	<input type="radio"/> No
3	Prohibits the use of high touch items such as food trays		<input checked="" type="radio"/> Yes	<input type="radio"/> No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations		<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
5	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	a. Prohibiting sick employees in the workplace		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	b. Strict handwashing practices, to include when and how		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	c. Strong procedures and practices to clean and sanitize surfaces		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	d. PIC is on site and is a certified food manager		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	Employee Health			
6	Screens employees and patrons before entering the facility		<input checked="" type="radio"/> Yes	<input type="radio"/> No
7	Possesses adequate supplies to support healthy hygienic behaviors		<input checked="" type="radio"/> Yes	<input type="radio"/> No
8	Posted signage for employees and patrons on good hygiene and sanitation practices		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	Cleaning and Disinfection			
9	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment		<input checked="" type="radio"/> Yes	<input type="radio"/> No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		<input checked="" type="radio"/> Yes	<input type="radio"/> No
11	Follows CDC's cleaning and disinfecting guidelines		<input checked="" type="radio"/> Yes	<input type="radio"/> No
	Ventilation			
12	Maximizes fresh air through use of existing ventilation system		<input checked="" type="radio"/> Yes	<input type="radio"/> No
13	Minimizes air from fans blowing from one person directly at another individual		<input checked="" type="radio"/> Yes	<input type="radio"/> No

Social Distancing and Other Protective Measures			
14	Implements social distancing of at least 6 feet and posting of appropriate signage		<input checked="" type="radio"/> Yes No
15	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside		<input checked="" type="radio"/> Yes No
16	Appropriate physical barriers are in place for cafeteria style dining and booth seating	N/A	Yes No
17	For congregations or social gatherings:		
	a. Total number of people, including employees, do not exceed the capacity permitted in the most recent E.O. (including ballroom and private rooms)		<input checked="" type="radio"/> Yes No
	b. Total number of people in each party do not exceed the number allowed for congregations or social gatherings in most recent E.O.		<input checked="" type="radio"/> Yes No
18	Mandating the wearing of face mask		<input checked="" type="radio"/> Yes No

RECEIVED BY (Name and Title) MERISSA MACAGGA <i>mm</i>	DATE 8/12/2020
DEH INSPECTOR (Name and Title) LEILANI NAVARRO, EPHO III <i>LN</i> JEFFREY PINALLA, PCIN <i>JP</i>	DATE AUG 12, 2020