

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	12	08 / 12 / 2020	INFUSION COFFEE & TEA
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	5:33 PM	6:15 PM
Investigation			B	SANITARY PERMIT NO.	PERMIT HOLDER
Other				2007 00836	ARCHWAY, INC.
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
COFFEE SHOP			6	(646) 5691	02
					RISK CATEGORY
					2

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="radio"/> IN <input type="radio"/> OUT			6
Person in charge present, demonstrates knowledge, and performs duties			
Employee Health			
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Management awareness; policy present			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Proper use of reporting, restriction & exclusion			
Good Hygienic Practices			
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper eating, tasting, drinking, betel nut, or tobacco use			
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Hands clean and properly washed			
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Adequate handwashing facilities supplied & accessible			
Approved Source			
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Food obtained from approved source			
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Food received at proper temperature			
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Food in good condition, safe, and unadulterated			
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Food separated and protected			
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Food contact surfaces: cleaned & sanitized			
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food			
Potentially Hazardous Food (TCS Food)			
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper cooking time and temperatures			
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper reheating procedures for hot holding			
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper cooling time and temperatures			
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper hot holding temperatures			
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Proper cold holding temperatures			
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper date marking and disposition			
Consumer Advisory			
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Consumer Advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Pasteurized foods used; prohibited foods not offered			
Chemical			
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Food additives: approved and properly used			
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Toxic substances properly identified, stored, used			
Conformance with Approved Procedures			
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> 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
Safe Food and Water			
27 <input type="checkbox"/>			1
Pasteurized eggs used where required			
28 <input type="checkbox"/>			2
Water and ice from approved source			
29 <input type="checkbox"/>			1
Variance obtained for specialized processing methods			
Food Temperature Control			
30 <input type="checkbox"/>			1
Proper cooling methods used; adequate equipment for temperature control			
31 <input type="checkbox"/>			1
Plant food properly cooked for hot holding			
32 <input type="checkbox"/>			1
Approved thawing methods used			
33 <input type="checkbox"/>			1
Thermometer provided and accurate			
Food Identification			
34 <input type="checkbox"/>			1
Food properly labeled; original container			
Prevention of Food Contamination			
35 <input type="checkbox"/>			2
Insects, rodents, and animals not present			
36 <input type="checkbox"/>			1
Contamination prevented during food preparation, storage & display			
37 <input type="checkbox"/>			1
Personal cleanliness			
38 <input type="checkbox"/>			1
Wiping cloths: properly used and stored			
39 <input type="checkbox"/>			1
Washing fruits and vegetables			
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.			
Proper Use of Utensils			
40 <input type="checkbox"/>			1
In-use utensils: properly stored			
41 <input type="checkbox"/>			1
Utensils, equipment and linens: properly stored, dried, handled			
42 <input type="checkbox"/>			1
Single-use/single-service articles: properly stored, used			
43 <input type="checkbox"/>			1
Gloves used properly			
Utensils, Equipment and Vending			
44 <input type="checkbox"/>			1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
45 <input type="checkbox"/>			1
Warewashing facilities: installed, maintained, used, test strips			
46 <input type="checkbox"/>			1
Nonfood-contact surfaces clean			
Physical Facilities			
47 <input type="checkbox"/>			2
Hot & cold water available, adequate pressure			
48 <input type="checkbox"/>			2
Plumbing installed; proper backflow devices			
49 <input type="checkbox"/>			2
Sewage and wastewater properly disposed			
50 <input type="checkbox"/>			2
Toilet facilities: properly constructed, supplied, & cleaned			
51 <input type="checkbox"/>			2
Garbage/refuse properly disposed; facilities maintained			
52 <input type="checkbox"/>			1
Physical facilities installed, maintained, and clean			
53 <input type="checkbox"/>			1
Adequate ventilation and lighting; designated areas use			
Documents and Placards			
54 <input type="checkbox"/>			2
Sanitary Permit, Health Certificates valid and posted			

Person in Charge (Print and Sign) John Losango Date: 08/13/2020

DEH Inspector (Print and Sign) LEILANI NUNO Follow-up (Circle one): YES NO Follow-up Date: 8/26/2020



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

NAME: (OWNER, LESSEE, OCCUPANT, ETC.) INFUSION COFFEE & TEA		ADDRESS: Lot #, street name, house/apt. #, building name: L2110-3-1-NEW & 2139-1-3NEW LANDMARK BLDG 181A E HARMON PARK ROAD, TAM, GU.
INSPECTION/INVESTIGATION DATE: AUG 12, 2020 ; 5-30P	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 _____ DAYS _____ HOURS TO CORRECT THE ABOVE CITED PROBLEMS.

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

RECEIVED BY (Print & Sign):

DEH INSPECTOR (Print & Sign):

John Lasongco SUP *8/12/2020*
Leilani Navarro EPHO III / *JEFFREY PINAULA, PC IV*

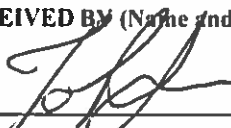




GOVERNMENT OF GUAM

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 2020-12Name of Establishment: INFUSION COFFEE & TEA Company Name: ARCHWAY, INC.Location: L2140 -3-1NEW & 2139 -1-3NEW LANDMARK BLDG 181A E. HARMON PARK
ROAD; TAMUNING, GUAM.

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	No
	a. Employee health, to include having a plan in place if someone is or becomes sick		<input checked="" type="radio"/> Yes	No
	b. Cleaning/sanitizing procedures		<input checked="" type="radio"/> Yes	No
	c. Social distancing and other protective measures		<input checked="" type="radio"/> Yes	No
2	Operates at no more than the authorized occupancy rate		<input checked="" type="radio"/> Yes	No
3	Prohibits the use of high touch items such as food trays		<input checked="" type="radio"/> Yes	No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations	N/A	Yes	No
5	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		<input checked="" type="radio"/> Yes	No
	a. Prohibiting sick employees in the workplace		<input checked="" type="radio"/> Yes	No
	b. Strict handwashing practices, to include when and how		<input checked="" type="radio"/> Yes	No
	c. Strong procedures and practices to clean and sanitize surfaces		<input checked="" type="radio"/> Yes	No
	d. PIC is on site and is a certified food manager		<input checked="" type="radio"/> Yes	No
	Employee Health			
6	Screens employees and patrons before entering the facility		<input checked="" type="radio"/> Yes	No
7	Possesses adequate supplies to support healthy hygienic behaviors		<input checked="" type="radio"/> Yes	No
8	Posted signage for employees and patrons on good hygiene and sanitation practices		<input checked="" type="radio"/> Yes	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	No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		<input checked="" type="radio"/> Yes	No
11	Follows CDC's cleaning and disinfecting guidelines		<input checked="" type="radio"/> Yes	No
	Ventilation			
12	Maximizes fresh air through use of existing ventilation system		<input checked="" type="radio"/> Yes	No
13	Minimizes air from fans blowing from one person directly at another individual		<input checked="" type="radio"/> Yes	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)  SUP John Losongco	DATE 8/12/2020
DEH INSPECTOR (Name and Title) LEILANI NAVARRO, EPHO III  JEFFREY PINAULT, PCT II 	DATE AUG 12, 2020