

**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>0</u>	<u>08 / 13 / 2020</u>		<u>KMART</u>	
Follow-up	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		TIME IN	TIME OUT	PERMIT HOLDER	
Complaint				<u>6:55 PM</u>	<u>7:20 PM</u>	<u>TRANSFORM CO. KM</u>	
Investigation			RATING	SANITARY PERMIT NO.		LOCATION (Address)	
Other			<u>A</u>	<u>200702570</u>		<u>404 N. MARINE DRIVE TAMMING</u>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<u>RETAIL</u>				<u>3</u>	<u>649-9878</u>	<u>0</u>	<u>2</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	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	<u>IN</u>	OUT	Adequate handwashing facilities supplied & accessible			6
Approved Source						
9	IN	OUT	Food obtained from approved source			6
10	IN	OUT	N/A	N/O		6
11	IN	OUT	Food in good condition, safe, and unadulterated			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	Proper disposition of returned, previously served, reconditioned, and unsafe food			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) MARIA GONZALEZ ASM
DEH Inspector (Print and Sign) V. RAYMUNDO, EPHO I

Date: 08/13/2020
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.)

KMART

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

404 N. MARINE DR. ROUTE 1, TAMUNING

INSPECTION/INVESTIGATION DATE:

08/13/2020

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Failed to post appropriate signage for face masks and social distancing.	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. Failed to properly maintain the required occupant load of _____.	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum _____.	<input 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 N/A

(DATE)

RECEIVED BY (Print & Sign):

NARAI GUMAH **ASM** **8/13/20**

DEH INSPECTOR (Print & Sign):

VENER RAYMUNDO**LEILANI NARRRO**



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



**COMPLIANCE CHECKLIST FOR RETAIL STORES
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14, AND
DPHSS GUIDANCE MEMO 2020-07 AND 2020-25**

Name of Establishment: KMART Company Name: TRANSFORM CO. KM

Location: 404 N. MARINE DR ROUTE 1, 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		<input checked="" type="radio"/> Yes	No
2	Operates at no more than authorized occupancy rate		<input checked="" type="radio"/> Yes	No
3	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside		<input checked="" type="radio"/> Yes	No
4	Posted signage at each entrance to remind employees and customers to sanitize hands upon entry and to maintain social distancing		<input checked="" type="radio"/> Yes	No
5	Provides floor markings indicating distance for all line/queues		<input checked="" type="radio"/> Yes	No
6	Mandating the wearing of face mask		<input checked="" type="radio"/> Yes	No
7	Provides hand sanitizer inside each entrance		<input checked="" type="radio"/> Yes	No
	Cleaning and Disinfection			
8	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire facility		<input checked="" type="radio"/> Yes	No
9	Routinely cleans and disinfects highly touch surfaces including counter tops, shopping carts, and baskets between users		<input checked="" type="radio"/> Yes	No
10	Disinfects each re-useable customer contact item between each use (pen for credit cards, change tray, credit card machine, etc.)		<input checked="" type="radio"/> Yes	No
11	Restrooms are checked, cleaned, and disinfected every 30 minutes		<input checked="" type="radio"/> Yes	No
12	Follows CDC's cleaning and disinfecting guidelines		<input checked="" type="radio"/> Yes	No
	Employee Health			
13	Screens employees and patrons before entering the facility		<input checked="" type="radio"/> Yes	No
14	Provides and maintains PPE for employees to perform enhanced cleaning disinfection		<input checked="" type="radio"/> Yes	No
15	Staggers shifts, breaks, and meals whenever possible		<input checked="" type="radio"/> Yes	No
16	Conducts training for employees on enhanced disinfection and proper PPE base on CDC guidelines		<input checked="" type="radio"/> Yes	No

RECEIVED BY (Name and Title) MARIA Gammabara ASM <i>[Signature]</i>	DATE 8/13/20
DEH INSPECTOR (Name and Title) VENER RYMUNDO <i>[Signature]</i> / LETIANI NAVARRO <i>[Signature]</i>	DATE 08/13/2020