Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

INSPECTION	RSN	TYPE
Regular		✓
Follow-up		
Complaint	✓	
Investigation		
Other:		

GRADE	16
RATING	B 01238
INSPECTION DATE	8 / 20 / 20
TIME IN	10:45 AM
TIME OUT	12:25 PM
SANITARY PERMIT NO.	20070766
ESTABLISHMENT NAME	NUMBER ONE FISH STORE
PERMIT HOLDER	GUAM BLUE BAY, INC.
LOCATION (Address)	116 FATIMA ST. UNIT A-1 DEDEDO
ESTABLISHMENT TYPE	RETAIL
AREA	1
TELEPHONE	632-4500
No. of Risk Factor/Intervention Violations	2
No. of Repeat Risk Factor/Intervention Violations	0
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	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	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN OUT N/A N/O	No discharge from eyes, nose, and mouth			6
	Preventing Contamination by Hands				
6	IN OUT N/A N/O	Hands clean and properly washed			6
7	IN OUT N/A N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	IN 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	Food received at proper temperature			6
11	IN OUT	Food in good condition, safe, and unadulterated			6
12	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction			6
	Protection from Contamination				
13	IN OUT N/A	Food separated and protected			6
14	IN OUT N/A	Food contact surfaces: cleaned & sanitized			6
15	IN OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6

	Compliance Status		COS	R	PTS
	Potentially Hazardous Food (TCS Food)				
16	IN OUT N/A N/O	Proper cooking time and temperatures			6
17	IN OUT N/A N/O	Proper reheating procedures for hot holding			6
18	IN OUT N/A N/O	Proper cooling time and temperatures			6
19	IN OUT N/A N/O	Proper hot holding temperatures			6
20	IN OUT N/A	Proper cold holding temperatures			6
21	IN OUT N/A N/O	Proper date marking and disposition			6
	Consumer Advisory				
22	IN OUT N/A	Consumer Advisory provided for raw or undercooked foods			6
	Highly Susceptible Populations				
23	IN OUT N/A	Pasteurized foods used; prohibited foods not offered			6
	Chemical				
24	IN OUT N/A	Food additives: approved and properly used			6
25	IN OUT	Toxic substances properly identified, stored, used			6
	Conformance with Approved Procedures				
26	IN 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		Thermometer provided and accurate			1
	Food Identification				
34		Food properly labeled; original container			1
	Prevention of Food Contamination				
35	X	Insects, rodents, and animals not present			2
36		Contamination prevented during food peparation, 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	X	Warewashing facilities: installed, maintained, used; test strips			1
46	X	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) YI FANG CHU

Date: 8/20/20

DEH Inspector (Print and Sign) J. GARCIA EPHO I

Follow-up (Circle one): YES NO

Follow-up Date 8/30/20

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

PUBLIC AND PRIVATE PREMISES INSPECTION REPORT

NAME: (OWNER, LESSEE, OCCUPANT, ETC.)		ADDRESS; Lot #, street name, house/apt. #, building name:
NUMBER ONE FISH STORE		116 FATIMA ST. UNIT A-1
INSPECTION/INVESTIGATION DATE: 8/20/20	COMPLAINT #: —	MUNICIPALITY/VILLAGE; SUBDIVISION: DEDEDO

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

SECTION #	REMARKS			
	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:	Not Observed	Corrected on the Spot (COS)	Repeat
	☐ 1. Failed to require and enforce mandatory use of face masks with employees/customers.	☐	☐	☐
	☐ 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.	☐	☐	☐
	☐ 3. Failed to post appropriate signage for face masks and social distancing.	☐	☐	☐
	✓ 4. Failed to have a policy in place for the frequent cleaning of all surfaces.	☐	☐	☐
	✓ 5. Failed to have and present an organization-specific guidance plan in place.	☐	☐	☐
	☐ 6. Failed to properly maintain the required occupant load of _____.	☐	☐	☐
	☐ 7. Failed to adhere to the authorized number for social gatherings on business premises.	☐	☐	☐
	☐ 8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum _____.	☐	☐	☐
	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: ☐ None LACKING WRITTEN POLICY & PROCEDURES FOR COVID-19 PREVENTION & CONTROL INCLUDING CLEANING & DISINFECTION PRACTICES.			

YOU ARE HEREBY GIVEN _____ DAYS 24 HOURS TO CORRECT THE ABOVE CITED PROBLEMS.
YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT _____.
(DATE)

RECEIVED BY (Print & Sign): YZ HANGCHU

DEH INSPECTOR (Print & Sign): J. GARCIA EPHO I

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: NUMBER ONE FISH STORE **Company Name:** GUAM BLUE BAY, INC.

Location: 116 FATIMA ST. UNIT A-1 DEDEDO

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

RECEIVED BY (Name and Title) YZ FANG CHU	**DATE** 8/20/20
DEH INSPECTOR (Name and Title J. GARCIA EPHO I	**DATE** 8/20/20