

"B" PLACARD NO. 01026

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	✓	✓	18	08/03/2020		CAFE CINO	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	7:03 PM	7:55 PM	PREMIER KEN GUAM, LP	
Investigation			B	SANITARY PERMIT NO.		LOCATION (Address)	
Other				200701440		202 HILTON RD, TUMON GU	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
COFFEE SHOP				7	646-3463	3	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
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness, policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN	OUT	No discharge from eyes, nose, and mouth			6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	Hands clean and properly washed			6
7	IN	OUT	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
<b>Approved Source</b>						
9	IN	OUT	Food obtained from approved source			6
10	IN	OUT	Food received at proper temperature			6
11	IN	OUT	Food in good condition, safe, and unadulterated			6
12	IN	OUT	Required records available: shellstock tags, parasite destruction			6
<b>Protection from Contamination</b>						
13	IN	OUT	Food separated and protected			6
14	IN	OUT	Food contact surfaces: cleaned & sanitized			6
15	IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	Proper cooking time and temperatures			6
17	IN	OUT	Proper reheating procedures for hot holding			6
18	IN	OUT	Proper cooling time and temperatures			6
19	IN	OUT	Proper hot holding temperatures			6
20	IN	OUT	Proper cold holding temperatures			6
21	IN	OUT	Proper date marking and disposition			6
<b>Consumer Advisory</b>						
22	IN	OUT	Consumer Advisory provided for raw or undercooked foods			6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	Pasteurized foods used; prohibited foods not offered			6
<b>Chemical</b>						
24	IN	OUT	Food additives: approved and properly used			6
25	IN	OUT	Toxic substances properly identified, stored, used			6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	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
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
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
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
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
<b>Proper Use of Utensils</b>						
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
<b>Utensils, Equipment and Vending</b>						
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
<b>Physical Facilities</b>						
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
<b>Documents and Placards</b>						
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)

DEH Inspector (Print and Sign)

J. GARCIA

8/3/2020

/ L. NAVARRO

Date:

Follow-up (Circle one): YES NO

Follow-up Date: 08/17/2020



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

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

**CAFE CINO**

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

**202 HILTON RD.**

INSPECTION/INVESTIGATION DATE:

**8/3/20**

COMPLAINT #:

**/**

MUNICIPALITY/VILLAGE; SUBDIVISION:

**TUMON**

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	
	<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"/>	
	<u>2020-13 R.3</u>				
	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 &amp; Sign):

**M. S. IGUA 8/3/2020**

DEH INSPECTOR (Print &amp; Sign):

**J. GARCIA EP101 L. NAVARRO EP1011**



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



**COMPLIANCE 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: CAFE CINO Company Name: PREMIER KEN GUAM LP  
Location: 202 HILTON RD. TUMON GU

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	<b>General Requirements</b>			
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		<input checked="" type="radio"/> 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
	<b>Employee Health</b>			
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	
	<b>Cleaning and Disinfection</b>			
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	
	<b>Ventilation</b>			
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		<input checked="" type="radio"/> 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) <i>[Signature]</i> SIEGER, M.	DATE 8/3/20
DEH INSPECTOR (Name and Title) J. GARCIA EPHO I <i>[Signature]</i> / L. NAVARRO EPHO III <i>[Signature]</i>	DATE 8/3/20