

**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		<input checked="" type="checkbox"/>	<u>0</u>	<u>07/06/2020</u>	<u>LADDA'S</u>
Follow-up				TIME IN	TIME OUT
Complaint			RATING	<u>7:06</u>	<u>7:45</u>
Investigation				SANITARY PERMIT NO.	LOCATION (Address)
Other:			<u>02464</u>	<u>201702055</u>	<u>#631 W MARINE DR</u>
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
<u>BAR</u>			<u>8</u>	<u>474563</u>	<u>4</u>
					No. of Repeat Risk Factor/Intervention Violations
					<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			6
Person in charge present, demonstrates knowledge, and performs duties				
Employee Health				
2	IN OUT			6
Management awareness; policy present				
3	IN OUT			6
Proper use of reporting, restriction & exclusion				
Good Hygienic Practices				
4	IN OUT N/A N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use				
5	IN OUT N/A N/O			6
No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands				
6	IN OUT N/A N/O			6
Hands clean and properly washed				
7	IN OUT N/A N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				
8	IN OUT			6
Adequate handwashing facilities supplied & accessible				
Approved Source				
9	IN OUT			6
Food obtained from approved source				
10	IN OUT N/A N/O			6
Food received at proper temperature				
11	IN OUT			6
Food in good condition, safe, and unadulterated				
12	IN OUT N/A N/O			6
Required records available: shellstock tags, parasite destruction				
Protection from Contamination				
13	IN OUT N/A			6
Food separated and protected				
14	IN OUT N/A			6
Food contact surfaces: cleaned & sanitized				
15	IN OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food				

Compliance Status		COS	R	PTS
Potentially Hazardous Food (TCS Food)				
16	IN OUT N/A N/O			6
Proper cooking time and temperatures				
17	IN OUT N/A N/O			6
Proper reheating procedures for hot holding				
18	IN OUT N/A N/O			6
Proper cooling time and temperatures				
19	IN OUT N/A N/O			6
Proper hot holding temperatures				
20	IN OUT N/A			6
Proper cold holding temperatures				
21	IN OUT N/A N/O			6
Proper date marking and disposition				
Consumer Advisory				
22	IN OUT N/A			6
Consumer Advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
23	IN OUT N/A			6
Pasteurized foods used; prohibited foods not offered				
Chemical				
24	IN OUT N/A			6
Food additives: approved and properly used				
25	IN OUT			6
Toxic substances properly identified, stored, used				
Conformance with Approved Procedures				
26	IN OUT 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	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

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	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) <u>T. SPINER</u>	Date: <u>7/6/2020</u>	Follow-up (Circle one): YES NO
DEH Inspector (Print and Sign) <u>J. GARCIA</u>	Follow-up Date: <u>07/16/2020</u>	



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

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

LADDA'S

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

#631 W MARINE DR.

INSPECTION/INVESTIGATION DATE:

7/6/20

COMPLAINT #:

/

MUNICIPALITY/VILLAGE; SUBDIVISION:

AM GUAT

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:			
		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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	in the interior and exterior premises of the property of the business.			
	<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"/>	N/A	

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):

Jessie Bawa7/6/2020

DEH INSPECTOR (Print & Sign):

J. GARCIA EPHOIGU T. SHIMIZU EPHOIGU






GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIATLOURDES A. LEON GUERRERO
GOVERNOR, MAGA'LIHIJOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LIHILAURENT SF DUEÑAS, MPH, BSN, RN
ACTING DIRECTORJOSEPHINE T. O'MALLAN
DEPUTY DIRECTORCOMPLIANCE CHECKLIST FOR BARS AND TAVERNS
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,
DPHSS GUIDANCE MEMO 2020-07, 2020-12, and 2020-23Name of Establishment: LADDA'S Company Name: KHAM-ON, LADDAFORNLocation: #631 W MARINE DR

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:		Yes	No
	a. Employee health, to include having a plan in place if someone is or becomes sick		Yes	No
	b. Cleaning/sanitizing procedures		Yes	No
	c. Social distancing and other protective measures		Yes	No
2	Operates at no more than the authorized occupancy rate		Yes	No
3	Suspends organized events such as fundraising event, tournament, etc.		Yes	No
4	Prohibits the use of game equipment such as game machines, pool tables, dart boards and other areas where people may congregate that have high-touch surfaces		Yes	No
5	Prohibits the use of dance floor		Yes	No
6	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		Yes	No
	a. Prohibiting sick employees in the workplace		Yes	No
	b. Strict handwashing practices, to include when and how		Yes	No
	c. Strong procedures and practices to clean and sanitize surfaces		Yes	No
	d. PIC is on site and is a certified food manager		Yes	No
	Employee Health			
7	Screens employees and patrons before entering the facility		Yes	No
8	Possesses adequate supplies to support healthy hygienic behaviors		Yes	No
9	Posted signage for employees and patrons on good hygiene and sanitation practices		Yes	No
	Cleaning and Disinfection			
10	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment		Yes	No
11	Regularly disinfects liquor bottles, pour stations, taps, ice coops, etc.		Yes	No
12	Clean silverware, dishes, and glasses are protected or placed in a covered area.		Yes	No

13	Toilet facilities and handwashing sinks are thoroughly and regularly cleaned and disinfected.		<input checked="" type="radio"/> Yes	No
14	Possesses adequate cleaning and disinfection products for both employees and patrons		<input checked="" type="radio"/> Yes	No
15	Follows CDC's cleaning and disinfecting guidelines		<input checked="" type="radio"/> Yes	No
Ventilation				
16	Maximizes fresh air through use of existing ventilation system		<input checked="" type="radio"/> Yes	No
17	Minimizes air from fans blowing from one person directly at another individual		<input checked="" type="radio"/> Yes	No
Social Distancing and Other Protective Measures				
18	Implements social distancing of at least 6 feet and posting of appropriate signage		<input checked="" type="radio"/> Yes	No
19	Limits the number of customers in the bar at one time		<input checked="" type="radio"/> Yes	No
20	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside		<input checked="" type="radio"/> Yes	No
21	For live music, ensures there is ample distance (6-foot min.) between musicians and customers		<input checked="" type="radio"/> Yes	No
22	Appropriate physical barriers are in place for booth seating		<input checked="" type="radio"/> Yes	No
23	For congregations or social gatherings:		<input checked="" type="radio"/> Yes	No
	a. Total number of people, including employees, do not exceed the capacity permitted in the most recent E.O. (including 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
24	Mandating the wearing of face mask		<input checked="" type="radio"/> Yes	No
25	Provides hand sanitizers for guests to use at entrances and other designated locations		<input checked="" type="radio"/> Yes	No

RECEIVED BY (Name and Title)  Jesse Beaver	DATE 7/6/2020
DEH INSPECTOR (Name and Title) J. GARCIA EPD 1  / T. SHIMIZU EPD 1 	DATE 7/6/20