

NO. 02491

Department of Public Health and Social Services  
Division of Environmental Health

## Food Establishment Inspection Report

Page 1 of 1

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular	✓	✓	8	08/05/2020		BIG BOY 2	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	7:45 PM	8:25 PM	LH PARTNERSHIP	
Investigation			A	SANITARY PERMIT NO.		LOCATION (Address)	
Other				20070438		105094-1-3 NEW BLK 1 TR 149 YANKEE P 790 N MARINE CORPS OR TUMON, GUAM	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
BAR				3	684-3440	1	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	OUT					6
Person in charge present, demonstrates knowledge, and performs duties						
<b>Employee Health</b>						
2	OUT					6
Management awareness; policy present						
3	OUT					6
Proper use of reporting, restriction & exclusion						
<b>Good Hygienic Practices</b>						
4	OUT	N/A	N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use						
5	OUT	N/A	N/O			6
No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>						
6	OUT	N/A	N/O			6
Hands clean and properly washed						
7	OUT	N/A	N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed						
8	OUT					6
Adequate handwashing facilities supplied & accessible						
<b>Approved Source</b>						
9	OUT					6
Food obtained from approved source						
10	OUT	N/A	N/O			6
Food received at proper temperature						
11	OUT					6
Food in good condition, safe, and unadulterated						
12	OUT	N/A	N/O			6
Required records available: shellstock tags, parasite destruction						
<b>Protection from Contamination</b>						
13	OUT	N/A	N/O			6
Food separated and protected						
14	OUT	N/A	N/O			6
Food contact surfaces: cleaned & sanitized						
15	OUT					6
Proper disposition of returned, previously served, reconditioned, and unsafe food						
<b>Potentially Hazardous Food (TCS Food)</b>						
16	OUT	N/A	N/O			6
Proper cooking time and temperatures						
17	OUT	N/A	N/O			6
Proper reheating procedures for hot holding						
18	OUT	N/A	N/O			6
Proper cooling time and temperatures						
19	OUT	N/A	N/O			6
Proper hot holding temperatures						
20	OUT	N/A	N/O			6
Proper cold holding temperatures						
21	OUT	N/A	N/O			6
Proper date marking and disposition						
<b>Consumer Advisory</b>						
22	OUT	N/A	N/O			6
Consumer Advisory provided for raw or undercooked foods						
<b>Highly Susceptible Populations</b>						
23	OUT	N/A	N/O			6
Pasteurized foods used; prohibited foods not offered						
<b>Chemical</b>						
24	OUT	N/A	N/O			6
Food additives: approved and properly used						
25	OUT					6
Toxic substances properly identified, stored, used						
<b>Conformance with Approved Procedures</b>						
26	OUT	N/A	N/O			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
<b>Safe Food and Water</b>						
27						1
Pasteurized eggs used where required						
28						2
Water and ice from approved source						
29						1
Variance obtained for specialized processing methods						
<b>Food Temperature Control</b>						
30						1
Proper cooling methods used; adequate equipment for temperature control						
31						1
Plant food properly cooked for hot holding						
32						1
Approved thawing methods used						
33						1
Thermometer provided and accurate						
<b>Food Identification</b>						
34						1
Food properly labeled; original container						
<b>Prevention of Food Contamination</b>						
35						2
Insects, rodents, and animals not present						
36						1
Contamination prevented during food preparation, storage & display						
37						1
Personal cleanliness						
38						1
Wiping cloths: properly used and stored						
39						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.						
Person in Charge (Print and Sign)				Date:		
MANAGER X RAYMOND PEREZ				08/05/2020		
DEH Inspector (Print and Sign)				Follow-up (Circle one):		
V. RAYMUNDO, EPHD I				YES (NO) N/A		
				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.) <b>BIG BOY 2 - LH PARTNERSHIP</b>		ADDRESS: Lot #, street name, house/apt. #, building name: <b>740 N MARINE DR TUMON GUAM</b>
INSPECTION/INVESTIGATION DATE: <b>8/5/2020</b>	COMPLAINT #: <b>N/A</b>	MUNICIPALITY/VILLAGE; SUBDIVISION: <b>UPPER TUMON</b>

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:																																				
	<table border="1" style="width:100%"> <thead> <tr> <th></th> <th>Not Observed</th> <th>Corrected on the Spot (COS)</th> <th>Repeat</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1. Failed to require and enforce mandatory use of face masks with employees/customers.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><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.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 3. Failed to post appropriate signage for face masks and social distancing.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4. Failed to have a policy in place for the frequent cleaning of all surfaces.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5. Failed to have and present an organization-specific guidance plan in place.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 6. Failed to properly maintain the required occupant load of _____.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 7. Failed to adhere to the authorized number for social gatherings on business premises.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum _____.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		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"/> 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"/> 3. Failed to post appropriate signage for face masks and social distancing.				<input type="checkbox"/> 4. Failed to have a policy in place for the frequent cleaning of all surfaces.				<input type="checkbox"/> 5. Failed to have and present an organization-specific guidance plan in place.				<input type="checkbox"/> 6. Failed to properly maintain the required occupant load of _____.				<input type="checkbox"/> 7. Failed to adhere to the authorized number for social gatherings on business premises.				<input type="checkbox"/> 8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum _____.			
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	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 type="checkbox"/> None																																				
	<b>Item #3: No posting of signage enforcing social distancing</b>																																				

YOU ARE HEREBY GIVEN \_\_\_\_\_ DAYS 48 HOURS TO CORRECT THE ABOVE CITED PROBLEMS.  
YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT N/A (DATE)

RECEIVED BY (Print & Sign): **RAYMOND PEREZ MANAGER** 8-5-2020  
DEH INSPECTOR (Print & Sign): **T. SHIMIZU EPHO I** **V. RAYMUNDO EPHO I**





## GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIATCOMPLIANCE CHECKLIST FOR BARS AND TAVERNS  
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,  
DPHSS GUIDANCE MEMO 2020-07, 2020-12, and 2020-23

Name of Establishment: BIG BOY'S Company Name: LH PARTNERSHIP  
 Location: LOT 5096-1-3 IN NEW BLK 1 TR 149 YOUNG'S P  
790 N MARINE CORPS DR TUMON GUAM

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	Suspends organized events such as fundraising event, tournament, etc.		<input checked="" type="radio"/> 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		<input checked="" type="radio"/> Yes	No
5	Prohibits the use of dance floor	N/A	<input checked="" type="radio"/> Yes	No
6	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>			
7	Screens employees and patrons before entering the facility		<input checked="" type="radio"/> Yes	No
8	Possesses adequate supplies to support healthy hygienic behaviors	No hot water for handwashing sinks	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
9	Posted signage for employees and patrons on good hygiene and sanitation practices		<input checked="" type="radio"/> Yes	No
	<b>Cleaning and Disinfection</b>			
10	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
11	Regularly disinfects liquor bottles, pour stations, taps, ice coops, etc.		<input checked="" type="radio"/> Yes	No
12	Clean silverware, dishes, and glasses are protected or placed in a covered area.		<input checked="" type="radio"/> 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
	<b>Ventilation</b>			
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
	<b>Social Distancing and Other Protective Measures</b>			
18	Implements social distancing of at least 6 feet and posting of appropriate signage	NO signage	Yes	<input checked="" type="radio"/> 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	N/A	Yes	No
22	Appropriate physical barriers are in place for booth seating	N/A	Yes	No
	For congregations or social gatherings:		<input checked="" type="radio"/> Yes	No
23	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

<b>RECEIVED BY (Name and Title)</b> RAYMOND PEREZ MANAGER <i>[Signature]</i>	<b>DATE</b> 8-5-2020
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