

**Department of Public Health and Social Services
Division of Environmental Health**

Food Establishment Inspection Report

Page 1 of 1

#02650

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7/17/20		POINT LOUNGE (THE)	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	6:00pm	6:50pm	PREMIER HOTELS & RESORTS (GUAM), INC.	
Investigation			A	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				200701045		470 FARREHUT AVENUE TAMUNING GU	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
BAR				6	816-2222	0	2
				No. of Repeat Risk Factor/Intervention Violations			
				N/A			

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	Compliance Status	COS	R	PTS
Supervision				Potentially Hazardous Food (TCS Food)			
1	IN	OUT	6	16	IN	OUT	6
				17	IN	OUT	6
Employee Health				18	IN	OUT	6
2	IN	OUT	6				
				19	IN	OUT	6
3	IN	OUT	6				
				20	IN	OUT	6
Good Hygienic Practices				21	IN	OUT	6
4	IN	OUT	6				
				Consumer Advisory			
5	IN	OUT	6	22	IN	OUT	6
Preventing Contamination by Hands				Highly Susceptible Populations			
6	IN	OUT	6	23	IN	OUT	6
7	IN	OUT	6	Chemical			
				24	IN	OUT	6
8	IN	OUT	6				
				25	IN	OUT	6
Approved Source				Conformance with Approved Procedures			
9	IN	OUT	6	26	IN	OUT	6
10	IN	OUT	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.			
11	IN	OUT	6				
12	IN	OUT	6				
Protection from Contamination							
13	IN	OUT	6				
14	IN	OUT	6				
15	IN	OUT	6				

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	Compliance Status	COS	R	PTS
Safe Food and Water				Proper Use of Utensils			
27			1	40			1
28			2	41			1
29			1	42			1
Food Temperature Control				43			1
30			1				
				Utensils, Equipment and Vending			
31			1	44			1
32			1	45			1
33			1	46			1
Food Identification				Physical Facilities			
34			1	47			2
Prevention of Food Contamination				48			2
35			2				
				49			2
36			1				
				50			2
37			1				
				51			2
38			1				
				52			1
39			1				
				53			1
Documents and Placards				54			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)	JOHN FALAN	7-19-2020
DEH Inspector (Print and Sign)	E. CRUZ	7-19-2020
Follow-up (Circle one):	YES	NO
Follow-up Date		



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

NAME: (OWNER, LESSEE, OCCUPANT, ETC.) <u>POINT LOUNGE (THE)</u>		ADDRESS: Lot #, street name, house/apt. #, building name: <u>470 FARENHOLT AVE</u>
INSPECTION/INVESTIGATION DATE: <u>7/17/2020</u>	COMPLAINT #:	MUNICIPALITY/VILLAGE; SUBDIVISION: <u>TAMUNING</u>

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.																																				
	<p>The following violations were observed and deemed a public nuisance:</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>Corrected on the Spot (COS)</th> <th>Repeat</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1. Failed to require and enforce mandatory use of face masks with employees/customers.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>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><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Failed to post appropriate signage for face masks and social distancing.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. Failed to have a policy in place for the frequent cleaning of all surfaces.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>5. Failed to have and present an organization-specific guidance plan in place.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>6. Failed to properly maintain the required occupant load of _____.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>7. Failed to adhere to the authorized number for social gatherings on business premises.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum _____.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			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"/>	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"/>	3. Failed to post appropriate signage for face masks and social distancing.	<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 checked="" type="checkbox"/>	5. Failed to have and present an organization-specific guidance plan in place.	<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"/>	7. Failed to adhere to the authorized number for social gatherings on business premises.	<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"/>
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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"/> N/A																																				

YOU ARE HEREBY GIVEN 2 DAYS _____ HOURS TO CORRECT THE ABOVE CITED PROBLEMS.
YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT _____ (DATE)

RECEIVED BY (Print & Sign):

DEH INSPECTOR (Print & Sign):

JAMES CRUZ

JOHN FALAN

LEONARDI NANTYRO

7.17.2020



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA HAGA

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA LAHI

GOVERNMENT OF GUAM

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



ARTHUR U. SAN AGUSTIN, MHR
ACTING DIRECTOR

LAURENT SF DUENAS, MPH, BSN, RN
DEPUTY DIRECTOR

JOSEPHINE T. O'MALLAN
DEPUTY DIRECTOR

1 of 2

COMPLIANCE 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: POINT LOUNGE (THE) Company Name: PREMIER HOTELS & RESORTS GUAM INC.
Location: 470 FARENHOLT AVE., 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, 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	N/A	Yes	No
5	Prohibits the use of dance floor	N/A	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		Yes	<input checked="" type="radio"/> 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
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) JOHN FALAN / 7.17.2020	DATE
DEH INSPECTOR (Name and Title) JAMES CRUZ / LELANI NAVARRO	DATE 7/17/2020

john.falan@sheratmlagunaguam.com
 manny.barcial@sheratmlagunaguam.com