

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

Page 1 of 2

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	✓	✓	18	08/04/2000	Restaurant Proa
Follow-up				TIME IN: 6:40 PM	TIME OUT: 9:15 PM
Complaint			RATING	SANITARY PERMIT NO.	PERMIT HOLDER
Investigation			B	200700783	Mananas Slingstone, Inc.
Other:					LOCATION (Address)
					San Vitores Road, Tuma
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
Restaurant			5	646-116	
					No. of Repeat Risk Factor/Intervention Violations
					0
					RISK CATEGORY
					3

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	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN	OUT	No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands						
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
Approved Source						
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
Protection from Contamination						
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
Potentially Hazardous Food (TCS Food)						
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
Consumer Advisory						
22	IN	OUT	Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations						
23	IN	OUT	Pasteurized foods used; prohibited foods not offered			6
Chemical						
24	IN	OUT	Food additives: approved and properly used			6
25	IN	OUT	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures						
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
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
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)	Date:
<i>Mananas Slingstone</i>	08/04/2000
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES NO
<i>Enrico P. Raymond</i>	Follow-up Date: 08/11/2000

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

Page 2 of 2

ESTABLISHMENT NAME RESTAURANT PROA		LOCATION (Address) SAN VITORES ROAD, TUMON
INSPECTION DATE 08 / 04 / 2020	SANITARY PERMIT NO. 200700783	PERMIT HOLDER MARIANAS SUNGSTONE, INC.

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
RAW RIBEYE / WALK-IN CHILLER	51.5	RAW SHORT RIBS / WALK-IN CHILLER	38.5 / 34.5
RAW CHICKEN / WALK-IN CHILLER	70.0 / 69.5		
RAW SPARE RIBS / WALK-IN CHILLER	63.5		
RAW PORK LOIN / WALK-IN CHILLER	57.0 / 56.5		
RAW CHICKEN SCRAPS / WALK-IN CHILLER	70.5		
RAW GROUND BEEF / WALK-IN CHILLER	62.5		
RAW SHELLED EGGS / WALK-IN CHILLER	62.0 / 52.5		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED. PREVIOUS INSPECTION DATED 04/27/2020 RESULTING IN A RATING OF AN "A". VIOLATIONS ARE BASED ON CRITICAL VIOLATIONS ONLY. THE FOLLOWING ^{WERE} WAS OBSERVED:	
8.	NO SIGNAGE PROVIDED FOR HANDWASH SINKS IN KITCHEN; KNOB FOR HANDWASH SINK IN COUNTER AREA WHERE FOOD IS TO BE SERVED IS IN DISREPAIR.	6 08/14/2020
14	CUTTING BOARD ON REACH - IN CHILLER OF KITCHEN AREA WAS DISCOLORED WITH DEEP CUT MARKS.	6 08/14/2020
22.	CONSUMER ADVISORY IS MISSING THE ASTERISK AND THE DESCRIPTION OF WHAT IS SERVED RAW OR UNDERCOOKED.	6 08/14/2020
20.	MULTIPLE PHF/TCS FOOD DID NOT MEET PROPER COLD HOLDING TEMPERATURES. COS: PERSON-IN-CHARGE (PIC) DISCARDED THE ABOVE FOOD ITEMS LISTED ON LEFT COLUMN OF TEMPERATURE OBSERVATIONS. (PER PIC, WALK-IN CHILLER'S DOOR IS IN DISREPAIR.) 01237	COS
	"A" PLACARD NO. 02823 REMOVED. "B" PLACARD NO. 02823 POSTED ON WALL OF CASHIER AREA.	
	DISCUSSED THIS REPORT WITH GEOFFREY PEREZ, OWNER.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <i>Geoffrey Perez</i>	Date: <i>8/4/2020</i>
DEH Inspector (Print and Sign) <i>V. RAYMUNDO, EPHO 3</i>	Date: <i>08/04/2020</i>

DBA Restaurant Pubs

INSPECTION REPORT

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

Mananas Stringstone, Inc.

San Vitores Road, Tumon

MUNICIPALITY/VILLAGE; SUBDIVISION:

08.04.2020

Tumor

SECTION #

REMARKS

The following violations were observed and deemed a public nuisance:

Not
Observed

Corrected on
the Spot (COS)

Repeal

☒ 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 40

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

2020-12 Revision 3 (06.12.2020)

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
------------------------	------

#8. Ref: employee health policy for COVID-19 related symptoms.

YOU ARE HEREBY GIVEN 2 DAYS _____ HOURS TO CORRECT THE ABOVE CITED PROBLEMS.

YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT 08.06.2020

(DATE)

RECEIVED BY (Print & Sign):

DEH INSPECTOR (Print & Sign):

Rev: 9/2019

WHITE COPY - DEH

YELLOW COPY - Owner/Lessee/Occupant



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: Restaurant Proa Company Name: Marianas Slingstone, Inc.
Location: San Vitores Road, Tumon

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:	Hemsa atm	Yes	<u>No</u>
	a. Employee health, to include having a plan in place if someone is or becomes sick		Yes	<u>No</u>
	b. Cleaning/sanitizing procedures	cos	<u>Yes</u>	<u>No</u>
	c. Social distancing and other protective measures		<u>Yes</u>	No
2	Operates at no more than the authorized occupancy rate		<u>Yes</u>	No
3	Prohibits the use of high touch items such as food trays		<u>Yes</u>	No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations		<u>Yes</u>	No
5	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		<u>Yes</u>	No
	a. Prohibiting sick employees in the workplace		<u>Yes</u>	No
	b. Strict handwashing practices, to include when and how		<u>Yes</u>	No
	c. Strong procedures and practices to clean and sanitize surfaces		<u>Yes</u>	No
	d. PIC is on site and is a certified food manager		<u>Yes</u>	No
	Employee Health			
6	Screens employees and patrons before entering the facility		<u>Yes</u>	No
7	Possesses adequate supplies to support healthy hygienic behaviors		<u>Yes</u>	No
8	Posted signage for employees and patrons on good hygiene and sanitation practices		<u>Yes</u>	No
	Cleaning and Disinfection			
9	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment		<u>Yes</u>	No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		<u>Yes</u>	No
11	Follows CDC's cleaning and disinfecting guidelines		<u>Yes</u>	No
	Ventilation			
12	Maximizes fresh air through use of existing ventilation system		<u>Yes</u>	No
13	Minimizes air from fans blowing from one person directly at another individual	n/a; no fans	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	n/a	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>Geoffrey S. Pappas, Director/Executive Dir.</i>	DATE <i>8/4/2020</i>
DEH INSPECTOR (Name and Title) <i>Rasanna Y. Rodriguez, EPHO Administrator</i>	DATE <i>08.04.20</i>

Vener P. Raymundo
 EPHO I

Business license # 2028981

Acct # 30-200601612-001 ckn 09.30 2020