

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

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INSPECTION	R&N	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u>	<u>07 / 03 / 2020</u>		<u>SKYLINE RUSTO-PUB</u>	
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input type="checkbox"/>	<input type="checkbox"/>		<u>8:20pm</u>	<u>9:15pm</u>	<u>CABRAL, IMELDA F</u>	
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	RATING NO. <u>02409</u>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<u>A</u>	<u>200702173</u>		<u>LOT 212 - B-1-R1 #782 S MARINE CORPS DR. TAMUNING</u>	
ESTABLISHMENT TYPE <u>BAR</u>				AREA <u>7</u>	TELEPHONE <u>687-8624</u>	No. of Risk Factor/Intervention Violations <u>0</u>	RISK CATEGORY <u>2</u>
				No. of Repeat Risk Factor/Intervention Violations <u>0</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	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	N/A	N/O		6
5	IN	OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	IN	OUT	N/A	N/O		6
7	IN	OUT	N/A	N/O		6
8	IN	OUT				6
Approved Source						
9	IN	OUT				6
10	IN	OUT	N/A	N/O		6
11	IN	OUT				6
12	IN	OUT	N/A	N/O		6
Protection from Contamination						
13	IN	OUT	N/A			6
14	IN	OUT	N/A			6
15	IN	OUT				6
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/O		6
17	IN	OUT	N/A	N/O		6
18	IN	OUT	N/A	N/O		6
19	IN	OUT	N/A	N/O		6
20	IN	OUT	N/A			6
21	IN	OUT	N/A	N/O		6
Consumer Advisory						
22	IN	OUT	N/A			6
Highly Susceptible Populations						
23	IN	OUT	N/A			6
Chemical						
24	IN	OUT	N/A			6
25	IN	OUT				6
Conformance with Approved Procedures						
26	IN	OUT	N/A			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) Shannon Alejandro
 DEH Inspector (Print and Sign) V. RA-MUNDO, ENTO

Date: 07/02/2020

Follow-up (Circle one): YES NO 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.)

CARRAL, IMELDA (SKYLINE RESTO-RUG)

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

LOT 2112-9-1-R1 #782 S MARINE CORPS CR.

INSPECTION/INVESTIGATION DATE:

07/03/2020

COMPLAINT #:

N/A

MUNICIPALITY/VILLAGE; SUBDIVISION:

TAMUNING, GUAM

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:
<input type="checkbox"/>	Establishment failed to require and enforce mandatory use of face masks with employees/customers.
<input type="checkbox"/>	Establishment 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"/>	Establishment failed to post appropriate signage for face masks and social distancing.
<input type="checkbox"/>	Establishment failed to have and present an organization-specific guidance plan in place.
<input type="checkbox"/>	Establishment failed to properly maintain the required occupant load of _____.
<input type="checkbox"/>	Establishment failed to adhere to the authorized number for social gatherings on business premises.
<input checked="" type="checkbox"/>	No violations of the DPHSS Guidance Memorandum 2020-25 were observed.
<input checked="" type="checkbox"/>	No violations of the DPHSS Guidance Memorandum 2020-23 were observed.
	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 NA DAYS NA HOURS TO CORRECT THE ABOVE CITED PROBLEMS.YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT NA (DATE)

RECEIVED BY (Print & Sign):

SHANNON ALEXANDRE

DEH INSPECTOR (Print & Sign):

M. SCROGGES, EPHO ADMINISTRATOR

V. RAMUNO, EPHO I

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TEMPERATURE OBSERVATIONS

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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CONDUCTED AN INSPECTION ON THIS DATE, 07/03/2020 AND OBSERVED THAT ESTABLISHMENT IS OPERATING AS A TAVERN OR RESTAURANT WITHOUT THE PROPER DOCUMENT OR APPROVAL FROM THE DEPARTMENT.

MANAGEMENT IS DIRECTED TO CEASE OPERATION OF THE KITCHEN AND SEE THE DEPARTMENT'S REPRESENTATIVE AT THE PERMIT CENTER FROM 8AM - 5PM, MONDAY THROUGH FRIDAY FOR THE AMMENDMENT OF SANITARY PERMIT.

Person in Charge (Print and Sign) SHANNON ALVARADO Date: 7/3/2020
 DEH Inspector (Print and Sign) MARLOU SCROGG Date: 7/3/2020
 Rev: 08.27.15 White: DPHSS/DEH Yellow: Food Establishment



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



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'L HAGA

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'L HHI

LINDA UNPINGCO DENORCEY, MPH
DIRECTOR

LAURENT SF DUENAS, MPH, BSN, RN
DEPUTY DIRECTOR

JOSEPHINE T. O'MALLAN
DEPUTY DIRECTOR


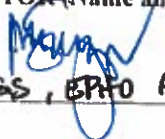
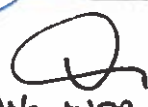
**COMPLIANCE CHECKLIST FOR BARS AND TAVERNS
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,
DPHSS GUIDANCE MEMO 2020-07, 2020-12, and 2020-23**

Name of Establishment: SKYLINE RESTO - PUB Company Name: IMELDA CABRAL

Location: #782 MARINE CORPS DRIVE, 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:		<input checked="" type="radio"/> Yes <input type="radio"/> No
	a. Employee health, to include having a plan in place if someone is or becomes sick		<input checked="" type="radio"/> Yes <input type="radio"/> No
	b. Cleaning/sanitizing procedures		<input checked="" type="radio"/> Yes <input type="radio"/> No
	c. Social distancing and other protective measures		<input checked="" type="radio"/> Yes <input type="radio"/> No
2	Operates at no more than the authorized occupancy rate		<input checked="" type="radio"/> Yes <input type="radio"/> No
3	Suspends organized events such as fundraising event, tournament, etc.		<input checked="" type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> No
5	Prohibits the use of dance floor		<input checked="" type="radio"/> Yes <input type="radio"/> No
6	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		<input checked="" type="radio"/> Yes <input type="radio"/> No
	a. Prohibiting sick employees in the workplace		<input checked="" type="radio"/> Yes <input type="radio"/> No
	b. Strict handwashing practices, to include when and how		<input checked="" type="radio"/> Yes <input type="radio"/> No
	c. Strong procedures and practices to clean and sanitize surfaces		<input checked="" type="radio"/> Yes <input type="radio"/> No
	d. PIC is on site and is a certified food manager		<input checked="" type="radio"/> Yes <input type="radio"/> No
Employee Health			
7	Screens employees and patrons before entering the facility		<input checked="" type="radio"/> Yes <input type="radio"/> No
8	Possesses adequate supplies to support healthy hygienic behaviors		<input checked="" type="radio"/> Yes <input type="radio"/> No
9	Posted signage for employees and patrons on good hygiene and sanitation practices		<input checked="" type="radio"/> Yes <input type="radio"/> 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		<input checked="" type="radio"/> Yes <input type="radio"/> No
11	Regularly disinfects liquor bottles, pour stations, taps, ice coops, etc.		<input checked="" type="radio"/> Yes <input type="radio"/> No
12	Clean silverware, dishes, and glasses are protected or placed in a covered area.		<input checked="" type="radio"/> Yes <input type="radio"/> 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) SHANNON ALEJANDRO 	DATE
DEH INSPECTOR (Name and Title)  M. SCROGGS, EPHO ADMINISTRATOR	DATE  J. RAYMUNDO, EPHO I 07/03/2020