



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



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HAHA

JOSHUA F. TENORIO
LT. GOVERNOR, SIGURDO MAGA'LAHI

ARTHUR U. SAN AGUSTIN, MHR
ACTING DIRECTOR

LAURENT SF DUENAS, MPH, BSN
DEPUTY DIRECTOR

TERRY G. AGUON
DEPUTY DIRECTOR

LOT 5047-1-1 & 5047-1-5
MANHATTAN PLAZA
HARMON, GUAM
HOA MAI (HARMON)
Name of Establishment

Date: 9/2/2020

As a result of this inspection your establishment received a:

☐ LETTER OF WARNING

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

☒ NOTICE OF CLOSURE 29/C IMMINENT HEALTH HAZARD: ① RODENT INFESTATION
② WASTEWATER BACKUP
(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 300-9579 or (fax) 300-9577. Si Yu'us Ma'ase.

Sincerely,

ARTHUR U. SAN AGUSTIN, MHR
Acting Director

Issued By:

T. SHIMPU / P. AYMANO
Name of EPHO

Received By:

Establishment Representative

09-02-20

Department of Public Health & Social Services ITC Building Ste 219
590 S Marine Corps Drive Tamuning, Guam 96913-3532
www.dphss.guam.gov

Revised 07/22/2020

**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"/>	29	09/02/2020	HOA MAI
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	6:00PM 10:30PM	LE, MINH
Investigation			C	SANITARY PERMIT NO.	LOCATION (Address)
Other:				200702314	LOT 5047-1-1 & 5047-1-5, MANHATTAN PLAZA, HARMON, GUAM
ESTABLISHMENT TYPE				AREA	TELEPHONE
RESTAURANT				3	649-9074
				No. of Risk Factor/Intervention Violations	3
				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	<input checked="" type="checkbox"/> IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="checkbox"/> IN	OUT	Management awareness, policy present			6
3	<input checked="" type="checkbox"/> IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	<input checked="" type="checkbox"/> IN	OUT			Adequate handwashing facilities supplied & accessible	6
Approved Source						
9	<input checked="" type="checkbox"/> IN	OUT			Food obtained from approved source	6
10	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Food received at proper temperature	6
11	<input checked="" type="checkbox"/> IN	OUT			Food in good condition, safe, and unadulterated	6
12	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
Protection from Contamination						
13	<input checked="" type="checkbox"/> IN	OUT	N/A		Food separated and protected	6
14	<input checked="" type="checkbox"/> IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	<input checked="" type="checkbox"/> IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper cooling time and temperatures	6
19	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	<input checked="" type="checkbox"/> IN	OUT	N/A		Proper cold holding temperatures	6
21	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper date marking and disposition	6
Consumer Advisory						
22	<input checked="" type="checkbox"/> IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/> IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered	6
Chemical						
24	<input checked="" type="checkbox"/> IN	OUT	N/A		Food additives: approved and properly used	6
25	<input checked="" type="checkbox"/> IN	OUT			Toxic substances properly identified, stored, used	6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/> IN	OUT	N/A		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	<input checked="" type="checkbox"/>		Pasteurized eggs used where required			1
28	<input checked="" type="checkbox"/>		Water and ice from approved source			2
29	<input checked="" type="checkbox"/>		Variance obtained for specialized processing methods			1
Food Temperature Control						
30	<input checked="" type="checkbox"/>		Proper cooling methods used; adequate equipment for temperature control			1
31	<input checked="" type="checkbox"/>		Plant food properly cooked for hot holding			1
32	<input checked="" type="checkbox"/>		Approved thawing methods used			1
33	<input checked="" type="checkbox"/>		Thermometer provided and accurate			1
Food Identification						
34	<input checked="" type="checkbox"/>		Food properly labeled; original container			1
Prevention of Food Contamination						
35	<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			2
36	<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage & display			1
37	<input checked="" type="checkbox"/>		Personal cleanliness			1
38	<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			1
39	<input checked="" type="checkbox"/>		Washing fruits and vegetables			1

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>Jy Jy</u>	Date: <u>09/02/2020</u>	
DEH Inspector (Print and Sign) <u>T. Shimizu, EPHO I</u>	Follow-up (Circle one): <u>YES</u> NO	Follow-up Date: <u>09/12/2020</u>

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

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ESTABLISHMENT NAME HDA MAI		LOCATION (Address) LOT 5047-1-1 & 5047-1-5; MANHATTAN PLAZA
INSPECTION DATE 09/02/2020	SANITARY PERMIT NO. 200702316	PERMIT HOLDER LE, MIMI

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
RAW DATTERED SHRIMP / CHILLER #1	39.5°F	COOKED PORK / REACH-IN CHILLER	52.0°F
RAW PORK NECK / CHILLER #1	40.0°F	COOKED SHRIMP / REACH-IN CHILLER	41.0°F
	62.0°F / 61.0°F	COOKED CHICKEN / REACH-IN CHILLER	43.0°F
RAW SPARE RIBS / CHILLER #1	49.5°F	RAW BEEF / REACH-IN CHILLER	46.5°F
RAW PORK CHOPS / CHILLER #1	43.5°F	RAW CHICKEN / REACH-IN CHILLER	44.5°F
RAW CHICKEN / CHILLER #1	51.5°F / 52.0°F	COOKED LUMPIA FILLING / CHILLER #2	30.5°F
RAW CHICKEN WINGS / CHILLER #1	45.0°F		
BEAN SPROUTS / PREP TABLE	80.5°F		
CUT LETTUCE / PREP TABLE	83.5°F		
RAW SHELL EGGS / PREP CHILLER	43.5°F		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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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.

	AN INSPECTION WAS CONDUCTED IN RESPONSE TO A COMPLAINT REGARDING A CUSTOMER FINDING "X" BLACK TINY SPEC" AND "HAD LEGS" IN THEIR FOOD. THE COMPLAINT REGARDING THE ABOVE DESCRIPTION WAS NOT UNSUBSTANTIATED. PREVIOUS INSPECTION DATED 03/27/2020 RESULTED IN A GRADE/RATING OF 10/A. THE FOLLOWING WERE OBSERVED:	
13.	RAW CHICKEN AND PORK STORED ON TOP OF VEGETABLES IN REACH-IN CHILLER	NONE
14.	IN-USE CUTTING BOARD WAS DISCOLORED WITH DEEP CUT MARKS.	NONE
20.	MULTIPLE POTENTIALLY HAZARDOUS FOOD (PHF) / TIME / TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS DID NOT MEET PROPERLY COLD HOLDING TEMPERATURES.	NONE
33.	NO THERMOMETERS PROVIDED IN CHILL UNITS; NO FOOD THERMOMETERS BEING USED.	NONE
34.	MULTIPLE FOOD ITEMS IN CHILLERS NOT IN ORIGINAL CONTAINER AND NOT LABELED.	NONE
35.	ONE DEAD COCKROACH IN CABINET OF "TO-GO AREA'S" SINK; ONE LIVE RODENT WAS SEEN CROSSING FROM ONE SHELF TO A WIRED RACK SHELVING IN STORAGE AREA; MULTIPLE RODENT DROPPINGS ON FLOOR OF STORAGE AREA; MULTIPLE CEILING	NONE

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) X J. J. J.	Date: 09-02-20
DEH Inspector (Print and Sign) T. SHIMIZU, EPHO I	Date: 09/02/2020

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

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ESTABLISHMENT NAME HOA MAI		LOCATION (Address) LOT 5047-H 850471-5 MANHATTAN PLAZA HARPA
INSPECTION DATE 9.2.2020	SANITARY PERMIT NO. 200702316	PERMIT HOLDER LE. MIMI

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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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.

BASED ON OBSERVATIONS AND EVIDENCE, IT APPEARS THERE IS AN ACTIVE RODENT INFESTATION. ADDITIONALLY, THERE IS WASTEWATER BACK-UP IN THE KITCHEN, BOTH OF WHICH CONSTITUTES AN IMMINENT HEALTH HAZARD. PER THE EFC, AN IMMINENT HEALTH HAZARD IS A SIGNIFICANT THREAT OR DANGER TO PUBLIC HEALTH THAT EXISTS WHEN THERE IS EVIDENCE SUFFICIENT TO SHOW THAT A PRODUCT, CIRCUMSTANCE OR EVENT ~~CREATES~~ ^{OR} CREATES A SITUATION THAT REQUIRES IMMEDIATE CORRECTION OR CESSATION OF OPERATION TO PREVENT INJURY.

THE ESTABLISHMENT'S SANITARY PERMIT IS HEREBY SUSPENDED UNTIL ALL CITED VIOLATIONS HAVE BEEN CORRECTED AND THE FOLLOWING ADDITIONAL REQUIREMENTS, PURSUANT TO EFC SECTION 8-102.10, TO ADDRESS THE PEST INFESTATION ARE MET:

1) WRITTEN DOCUMENTATION FROM THE ESTABLISHMENT'S PRIMARY PEST CONTROL (PPC) REGARDING SERVICES PROVIDED, WHICH MUST INCLUDE, BUT NOT LIMITED TO THE FOLLOWING:

- NAME OF PESTICIDE USED;
- NUMBER OF BAITS, TRAPS, AND OTHER METHODS USED;
- LOCATION OF APPLICATION AND
- OBSERVATIONS OF EACH SERVICE CONDUCTED.

2) WRITTEN CLEANING SCHEDULE FROM THE ESTABLISHMENT THAT INCLUDES:

- AREAS THAT WILL BE CLEANED AND SANITIZED;
- HOW IT WILL BE CLEANED AND SANITIZED;
- THE FREQUENCY (HOW OFTEN) IT WILL BE DONE.

3) SEAL ALL OPENINGS OF THE ESTABLISHMENT TO PREVENT ENTRANCE AND TRAVEL OF THE PEST.

4) REMOVE OR PREVENT ANY ACCESS TO FOOD AND/OR WATER:

- FOOD THAT IS NOT BOTTLED OR CANNED MUST BE PLACED IN CONTAINERS PRIOR TO STORAGE OR WHEN NOT IN USE, AND
- PLACE FOOD-CONTACT UTENSILS AND EQUIPMENT IN CONTAINERS PRIOR TO STORAGE

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) T. SHIMRUA	DEH Inspector (Print and Sign) V. RAYMONDO	Date: 9.2.20
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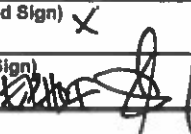
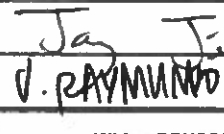
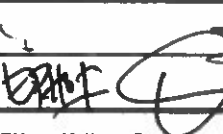
Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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ESTABLISHMENT NAME HOT MAI		LOCATION (Address) SEE PAGE 1
INSPECTION DATE 09 02 / 2020	SANITARY PERMIT NO. 200702316	PERMIT HOLDER UE/MIMI

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.	
	5) SANITIZE ALL HARD SURFACES AND FOOD CONTACT SURFACES DAILY IN FOOD PREPARATION AREAS PRIOR TO OPERATION.	
	AN OFFICIAL FOLLOW UP INSPECTION WILL NOT BE CONDUCTED UNTIL THE ESTABLISHMENT CAN PROVIDE THREE (3) CONSECUTIVE DAYS OF NO ACTIVITY OBSERVED FROM THEIR FCC, AND ALL VIOLATIONS CITED ARE CORRECTED, AND ADDITIONAL REQUIREMENTS STATED ABOVE ARE MET.	
	AN ASSESSMENT MAY BE REQUESTED BY THE ESTABLISHMENT AND WILL BE SCHEDULED AND CONDUCTED AT THE INSPECTOR'S EARLIEST AVAILABLE SCHEDULE.	
	SANITARY PHOTOS AND VIDEOS OF VIOLATIONS WERE TAKEN. REMOVED "A" PLACARD NO. 02628 WAS REMOVED & ISSUED "C" PLACARD NO. 00279 AND NOTICE OF CLOSURE PLACARD, WHICH ARE BOTH POSTED AT THE FRONT DOOR. ISSUED NOTICE OF CLOSURE LETTER AND REINSPECTION REQUEST FORM AND PROVIDED VERBAL INSTRUCTIONS TO COMPLETE FORM.	
	A \$100 REINSTATEMENT FEE SHALL BE PAID TO THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES UPON THE SUCCESSFUL COMPLETION OF A FOLLOW UP INSPECTION, INCLUDING ALL THE ADDITIONAL REQUIREMENTS TO ADDRESS THE RODENT INFESTATION, A	
	DISCUSSED THE ABOVE WITH MANAGER XXXX OF HOT MAI.	

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) X	Date: 09-02-20
DEH Inspector (Print and Sign) T. SHIMKU  J. JAY  V. RAYMOND 	Date: 9/2/2020



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

NAME (OWNER, LESSEE, OCCUPANT, ETC.)

HOA MAI, LE MIMI (OWNER)

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

LOT 5047-1-1 & 5047 IS MANHATTAN PLAZA

INSPECTION/INVESTIGATION DATE:

9/2/2020

COMPLAINT #:

—

MUNICIPALITY/VILLAGE, SUBDIVISION:

HARMON

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS	Not Observed	Corrected on the Spot (COS)	Repeat
	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"/>	1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input checked="" 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 in the interior and exterior premises of the property of the business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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 checked="" type="checkbox"/>	<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"/>
<input type="checkbox"/>	6. Failed to properly maintain the required occupant load of _____.	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum 2020-25.	<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 type="checkbox"/> None			
	OBSERVED CHAIRS OUTSIDE FOR PICKUP, BUT NO CUSTOMERS WERE SEEN UTILIZING CHAIRS. INFORMED MANAGER THAT CURBSIDE REQUIRES ALL INTERACTIONS W/CUSTOMER OCCUR AT THE VEHICLE.			

YOU ARE HEREBY GIVEN N/A DAYS 24 HOURS TO CORRECT THE ABOVE CITED PROBLEMS.YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT N/A (DATE)

RECEIVED BY (Print & Sign):

DEH INSPECTOR (Print & Sign):

T. SHIMIZU EPHI

V. RAYMOND EPHI



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: HOA MAET Company Name: LE MIMI
Location: LOT 5047-1-1 & 5047 1-5, MANHATTAN PLAZA HARMONY

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	Prohibits the use of high touch items such as food trays	N/A if dine in	Yes	No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations	N/A if dine in	Yes	No
5	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			
6	Screens employees and patrons before entering the facility		Yes	No
7	Possesses adequate supplies to support healthy hygienic behaviors		Yes	No
8	Posted signage for employees and patrons on good hygiene and sanitation practices		Yes	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		Yes	No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		Yes	No
11	Follows CDC's cleaning and disinfecting guidelines		Yes	No
	Ventilation			
12	Maximizes fresh air through use of existing ventilation system		Yes	No
13	Minimizes air from fans blowing from one person directly at another individual	N/A if fans	Yes	No

Social Distancing and Other Protective Measures			
14	Implements social distancing of at least 6 feet and posting of appropriate signage		Yes <input type="radio"/> No <input checked="" type="radio"/>
15	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside		<input checked="" type="radio"/> Yes <input type="radio"/> No
16	Appropriate physical barriers are in place for cafeteria style dining and booth seating	N/A curbside only	Yes <input type="radio"/> No <input type="radio"/>
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 <input type="radio"/> 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.	N/A no dine in	Yes <input type="radio"/> No <input type="radio"/>
18	Mandating the wearing of face mask		<input checked="" type="radio"/> Yes <input type="radio"/> No

RECEIVED BY (Name and Title)	DATE
Jay Jelo Manager	09/02/20
DEH INSPECTOR (Name and Title)	DATE
T. SHIMIZU EPHI V. RAYMUNDO EPHI	9/2/2020