

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

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#63120

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular			6	9/14/20		SALVAGE'S COFFEE SHOP - HARMON	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER #186 CALVO COMMERCIAL CENTER 19	
Complaint			RATING	6:00pm	7:15pm	HARMON COFFEE	
Investigation			A	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				200701551		WIND ON CORPORATION	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
RESTAURANT				3	637-1788	1	3
						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
Supervision						
1	IN	OUT				6
Person in charge present, demonstrates knowledge, and performs duties						
Employee Health						
2	IN	OUT				6
Management awareness, policy present						
3	IN	OUT				6
Proper use of reporting, restriction & exclusion						
Good Hygienic Practices						
4	IN	OUT	N/A			6
Proper eating, tasting, drinking, betelnut, or tobacco use						
5	IN	OUT	N/A			6
No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands						
6	IN	OUT	N/A			6
Hands clean and properly washed						
7	IN	OUT	N/A			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed						
8	IN	OUT				6
Adequate handwashing facilities supplied & accessible						
Approved Source						
9	IN	OUT				6
Food obtained from approved source						
10	IN	OUT	N/A			6
Food received at proper temperature						
11	IN	OUT				6
Food in good condition, safe, and unadulterated						
12	IN	OUT	N/A			6
Required records available: shellstock tags, parasite destruction						
Protection from Contamination						
13	IN	OUT	N/A			6
Food separated and protected						
14	IN	OUT	N/A			6
Food contact surfaces: cleaned & sanitized						
15	IN	OUT				6
Proper disposition of returned, previously served, reconditioned, and unsafe food						

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A			6
Proper cooking time and temperatures						
17	IN	OUT	N/A			6
Proper reheating procedures for hot holding						
18	IN	OUT	N/A			6
Proper cooling time and temperatures						
19	IN	OUT	N/A			6
Proper hot holding temperatures						
20	IN	OUT	N/A			6
Proper cold holding temperatures						
21	IN	OUT	N/A			6
Proper date marking and disposition						
Consumer Advisory						
22	IN	OUT	N/A			6
Consumer Advisory provided for raw or undercooked foods						
Highly Susceptible Populations						
23	IN	OUT	N/A			6
Pasteurized foods used; prohibited foods not offered						
Chemical						
24	IN	OUT	N/A			6
Food additives: approved and properly used						
25	IN	OUT				6
Toxic substances properly identified, stored, used						
Conformance with Approved Procedures						
26	IN	OUT	N/A			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
Safe Food and Water						
27						1
Pasteurized eggs used where required						
28						2
Water and ice from approved source						
29						1
Variance obtained for specialized processing methods						
Food Temperature Control						
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						
Food Identification						
34						1
Food properly labeled; original container						
Prevention of Food Contamination						
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						

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40						1
In-use utensils: properly stored						
41						1
Utensils, equipment and linens: properly stored, dried, handled						
42						1
Single-use/single-service articles: properly stored, used						
43						1
Gloves used properly						
Utensils, Equipment and Vending						
44						1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used						
45						1
Warewashing facilities: installed, maintained, used; test strips						
46						1
Nonfood-contact surfaces clean						
Physical Facilities						
47						2
Hot & cold water available, adequate pressure						
48						2
Plumbing installed; proper backflow devices						
49						2
Sewage and wastewater properly disposed						
50						2
Toilet facilities: properly constructed, supplied, & cleaned						
51						2
Garbage/refuse properly disposed; facilities maintained						
52						1
Physical facilities installed, maintained, and clean						
53						1
Adequate ventilation and lighting; designated areas use						
Documents and Placards						
54						2
Sanitary Permit, Health Certificates valid and posted						

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) JULIEEL AGAMPO
DEH Inspector (Print and Sign) J. CRUZ II

Date: 9/14/20

Follow-up (Circle one): YES NO Follow-up Date: 9/14/20



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

NAME: (OWNER, LESSEE, OCCUPANT, ETC.)

SHIRLEY'S COFFEE SHOP - HARMON

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

#106 CALVO COMMERCIAL CENTER 11

INSPECTION/INVESTIGATION DATE:

9/4/20

COMPLAINT #:

N/A

MUNICIPALITY/VILLAGE; SUBDIVISION:

HARMON GUAM

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 type="checkbox"/>	3. Failed to post appropriate signage for face masks and social distancing.	<input checked="" 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 <u>N/A</u> .	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum <u>2020-29</u> .	<input checked="" 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			

YOU ARE HEREBY GIVEN N/A DAYS 29 HOURS TO CORRECT THE ABOVE CITED PROBLEMS.YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT 9/5/20
(DATE)

RECEIVED BY (Print & Sign):

MICHELLE OCHOA JOSEPH

DEH INSPECTOR (Print & Sign):

J. CRUZ



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: SHIRLEY'S COFFEE & SNACKS Company Name: WILSON CORPORATION

Location: _____

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		Yes	No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations		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		Yes	No