



## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH TEMPORARY WORKFORCE HOUSING INSPECTION REPORT

REASON			INSPECTION DATE:	ESTABLISHMENT NAME:
Primary	4th	Follow-up	03.31.2022	SM construction #443
Secondary		Complaint	TIME IN:	OWNER / OPERATOR:
Tertiary		Other (Specify)	10:20 AM	SM Construction Corporation
GRADE & RATING:	SANITARY PERMIT NO:	TIME OUT:	LOCATION:	
1/A	N/A	10:50 AM	443 Chalan Ibang Machanso Dededo Guam	

Based on the inspection today, the items listed below identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for a hearing be submitted to the Director before the indicated correction date.

*ITEM NO.	REMARKS	DEMERIT	CORRECT BY DATE
1	<p>A regular inspection was conducted today. Previous inspection dated 01.11.2022 resulted in a grade/rating of O/A. The following were observed:</p> <p>Current sanitary permit not posted/available.</p> <p>"A" placard no. 03889 was removed.</p> <p>"A" placard no. 02772 was issued and posted.</p> <p>Next inspection phase: Secondary 1st</p> <p>NEW sanitary permit expiration: 09.30.2022</p> <p>current workers' dormitory expiration: 06.30.2022</p> <p>NEW workers' dormitory expiration: 06.30.2023</p> <p>discussed this report with person in-charge (PIC).</p>	1	05.01.2022

I am the responsible party of the establishment, have read and understand the above violation(s), and am aware of the corrective measures that shall be taken.

<p>*When any of the following items are cited above, they shall be corrected within ten days of this inspection: (15); (16); (19); (20); (22); (30); (32); (36); and (38)</p>	RECEIVED BY (Name and Title) SIGNATURE:  PRINT: <b>ETERIO MAMICO</b>	DEH USE ONLY
	DEH OFFICIAL (Name and Title) SIGNATURE:  PRINT: <b>JODI TUMANGAN, EPHO I</b>	