

CHECKLIST: VIOLATION AND DEMERIT

ITEM	REQUIREMENTS	DEMERIT	ITEM	REQUIREMENT	DEMERIT	
DOCUMENTS			SEWAGE DISPOSAL			
01	Permits, Inspection Report posted	1	23	Approved sewage disposal system, utilized	6	
LOCATION AND PREMISES			LAUNDRY, HANDWASHING, BATHING & CLEANING FACILITIES			
02	Grounds: clean, no rubbish, or overgrown vegetation	1	24	Adequate, convenient, and maintained a) Lavatory - 1:10 b) Shower head - 1:8 c) Laundry tray - 1:30 d) Utility sink - 1 per building	3	
03	Located not within 200 ft. of swamps or other surface collections of water	3		25	Adequate supply of hot and cold running water	3
04	Grounds slope and graded	1		26	Floors and walls of impervious material	1
05	Recreation space provided	1		LIGHTING		
06	Located 500 feet away from any livestock	3	27	Minimum lighting requirements a) 20 foot candles in toilet and storage rooms b) 30 foot candles in all other areas	1	
SHELTER & WATER SUPPLY				REFUSE DISPOSAL		
07	50 square feet for each occupant	6	28	Adequate, cleanable, insect and rodent proof	3	
08	Beds, cots, or bunks, and storage facilities provided.	1	29	Bulk refuse containers located on asphalt or concrete surface	1	
09	Sleeping arrangements in good repair and maintained in sanitary condition.	3	30	Garbage and refuse properly disposed	3	
10	Beds spaced at 36 inches laterally and end to end, 27 inches clear space of lower and upper bunk, and elevated at 12 inches from the floor	3	KITCHEN, DINING HALLS, AND FEEDING FACILITIES			
11	Wooden floors elevated at 1 foot above ground level.	1	31	Adequate facilities for the preparation, refrigeration, and storage of food	6	
12	Exterior openings with screen, screen doors with self-closing device	3	32	Properly constructed, adequate, and separate from living quarters	1	
13	Minimum of 100 sq. ft. of communal kitchen	1	33	No employee with communicable disease work in the kitchen and dining hall	6	
14	Adequate ventilation	3	INSECT AND RODENT CONTROL			
15	Adequate water supply, approved system, sources, safe quality, properly protected	6	34	Adequate vector control	3	
16	No cross-connection, backsiphonage	6	SAFETY AND FIRST AID			
17	Facility properly maintained	1	35	First aid kit provided for every 50 occupants	1	
18	All latest edition of applicable codes, regulations, and laws followed	1	36	Only necessary toxic substances used and stored separately	6	
TOILET FACILITIES			ANIMALS			
19	Adequate, convenient, maintained, signs, constructed, separate toilet for both sexes a) Water closet - 1:10 b) Urinals - 1:10	6	37	No cats, dogs, livestock, or poultry allowed	3	
	20		Toilet rooms enclosed, doors with self-closing device, fixtures in good repair, and toilet tissue provided	6	REPORTING OF COMMUNICABLE DISEASE	
21	Walls and ceilings of light color	1	38	Case of suspected food poisoning and communicable disease reported	6	
22	Walls and ceilings easily cleanable material, clean, and in good repair	3	TOTAL DEMERITS			

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

REASON			INSPECTION DATE:	ESTABLISHMENT NAME:
Primary		Follow-up	7/9/2021	5M Construction Unit 289A
Secondary	2nd	Complaint	TIME IN:	OWNER / OPERATOR:
Tertiary		Other (Specify)	9:45 AM	5M Construction Corporation
GRADE:	SANITARY PERMIT NO:		TIME OUT:	LOCATION:
4/A	210000097			289A 5MCC Apartments Mabini St. Dededo, Guam 96929

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
	Based on observations and evidence, it appears that there is an active cockroach infestation in the establishment, which constitutes an imminent health hazard. Pursuant to Section 21109 (a) and (b) of Title 10 GCA, Chapter 21, the establishment's Sanitary Permit is hereby suspended until ALL CITED VIOLATIONS have been corrected and the following ADDITIONAL REQUIREMENTS to address the pest infestation are met:		
	1. Written documentation to be submitted daily to DPHSS-DEH from the establishment's primary pest control company (PCC) regarding each of the services provided, which MUST INCLUDE, but not limited to, the following:		
	A. Name of pesticide used;		
	B. Number of baits, traps, and other methods used;		
	C. Location of application; and		
	D. Observations of each service conducted.		
	2. A written cleaning schedule from the establishment that indicates the following:		
	A. Areas that will be cleaned and sanitized;		
	B. How it will be cleaned and sanitized; and		
	C. The frequency or how often it will be done.		
	3. Seal all openings of the establishment to prevent the entrance and travel of the pest with pest-proof materials, such as metal.		
	4. Remove or prevent any access to food and/or water		
	5. Sanitize all hard surfaces and food preparation areas after pest control services.		
	An official follow-up inspection WILL NOT BE CONDUCTED until the establishment can provide 3 CONSECUTIVE DAYS OF NO ACTIVITY observed from their PCC, and/or by DPHSS-DEH, and all violations cited and additional requirements stated above are met. An assessment may be conducted by DPHSS-DEH, or requested by the establishment, and will be scheduled and		

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.

*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)	RECEIVED BY (Name and Title)	SIGNATURE:	DEH USE ONLY
	PRINT:		
	DEH OFFICIAL (Name and Title)	SIGNATURE:	
	PRINT:		

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

REASON			INSPECTION DATE: 07/09/2021	ESTABLISHMENT NAME: 5M Construction Unit 289A
Primary		Follow-up	TIME IN: 9:45 AM	OWNER / OPERATOR: 5M Construction Corporation
Secondary	2nd	Complaint		
Tertiary		Other (Specify)		
GRADE: 4/A	SANITARY PERMIT NO: 210000097		TIME OUT:	LOCATION: 289A 5MCC Apartments Mabini St. Dededo, Guam 96929

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*ITEM NO.	REMARKS	DEMERIT	CORRECT BY DATE
	conducted at the inspector's earliest available schedule.		
	Letter of closure issued to person-in-charge (PIC).		
	Notice of closure posted on entrance door of Unit 289A.		
	Provided PIC with re-inspection request form, and guidance in completing and submitting the form.		
	A \$100.00 reinstatement fee shall be paid to the Department of Public Health and Social Services upon completion of a follow-up inspection, including all additional requirements mentioned on the previous page.		
	Discussed this report with PIC.		

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	DEH OFFICIAL (Name and Title) _____ SIGNATURE: _____ PRINT: _____	