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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

		1 7		ION OF E	7 4 4 7						_
	TEM	PORARY	WC		_			SPECTION	<u>)N R</u>	EPOR	Т
REASON				INSPECTION DATE:		BLISHMENT					
Primar	y 2nd	Follow-up		10.02.5091				4197 tinu			
Seconda	ary	Complaint		TIME IN:		ER / OPERATO					
Tertiar	*	Other (Specify)	•	4. AO WW	2W	Construct	tion c	orporation			
GRADE &		SANITARY PERM			LOCA		•				
01		4100094						uninipani		•	
Failure to	o comply m	ay result in furt	her regu		If seek			corrected by the of t of this inspection			
*ITEM NO.				REI	MARKS	}	·			DEMERIT	CORRECT BY DATE
							-,	ious inspect			
	dated	07/13/20:	21 1	रिर्यासिव	30 0	grade	/ratin	g of O/A.			
	The following were observed:										
	M violations were observed.										
		<u> </u>									
	"A" Placard No. 03661 was removed. "A" Placard No. 03196 issued and posted.									1	
_										1 1	
	N (1	MCOPU NO.	0510	IG 163 AVA	UNU	poerro.				-	
	Next inspection phase: Primary; 3rd										
										- 1	
			nitary permit expiration: 12/31/2021								
	(urrent workers' dormitory permit expiration: 06/30/2022								۲]	
	Discus	(pd this	re	port with	n Pt	erson-ir	- Char	de (PIC).]	
	310	9.						3		1	
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				*						1 1	
		party of the es	tablishm	ent, have read	and und	derstand the a	bove viol	lation(s), and am	aware (of the corre	ctive measures
	l be taken.		BECE	NED BY AV	al metal s		Carl 4 sta 127			DEBLICE	ONLY
	-	lowing items are all be corrected		IVED BY (Name ar			GNATURE			DEH USE	UNLT
		inspection: (15);		T: ETERM DFFICIAL (Name as	nd Title)	MANAGO	GNATURI		-		
); (20); (22);	(30); (32); (36);	1	T: 1.70 max							
and (38) REV: 05/29	9/18		1		1	OFFICE YELLO	OW COPP	ESTABLISHMENT			
9.07040	98.000							I .			