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## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

				IVIS	ION OF E	NVII	RONM	ENTAL	HEA	LTH		
	TE	Ml	PORARY	W	ORKFOR	CE I	HOUS	SING IN	SPE	CTION I	REPOR	RT -
REASON			INSPECTION			NT NAME:			-			
Primary	/		Follow-up		14 PO TA	iW	MMa	INGIDI	777	17 4890		_ 1.7/1
Seconda	ry da	t	Complaint		TIME IN:		R / OPER		Selly (		_	
Tertiar	у	=	Other (Specify)	_ =	d: 30 ym	1 M	MNA	MOION	WR	PORATIO	2	TITLE
GRADE &	RATING:	- 1	SANITARY PERM	_	TIME OUT:	10CV.		APARTM	KNV I	NABIN) (1	irvet de	brbo Gunngh
					ted below identi							
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			
	A REGULAR INSPECTION WAS CONDUCTED TOOM. PREMIUS INSPECTION  DATED 19/12/2021 REJULTED IN A GRADE PATING OF 0/A.  THE POLYOMN & WE RE DESERVED:											
17	D A A.	14.6	la cila.		4110011	LHILL	T-D	NA IANAL	110 120	**		LARLANDALL

IT BARE MUDD FURKITURE THRUVEITUUT PEDRIUMU OF UNIT. 0.0104141 AW AREAS OF FACILITY SHAW BE PROPERLY NAINTHINED TO PROMOTE OKRALU LANTATION AND PREVENT INJURY PHOTOS WERE TAKEN AT PLACARD M OLTHO REMOVED, PLACAKO M. 03636 ILICUTO AND POUTED. NEXT INIPECTION PHATE TERTIAPU WRRENT HAMPARY I FRMT EXPLATION: 06/30/1041 MARINE MORKERY, DOOWLDEN EXHIBALLON = Or 130 / 1097 NEW SHITTERY PERMIT EXPLATION: 14/10 CE 30 2012 DISCUSSE THIS REPORT MTH PERSON-IN-CHAPGE

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)	
REV: 05/29/18	

RECEIVED BY (Name and Title) PRINT: CTOPLO MANALO

SIGNATURE: SIGNATURE:

**DEH USE ONLY** 

DEH OFFICIAL (Name and Title) PRINT: V. TUMBLENG

WHITE COPY - DEH OFFICE YELLOW COPY **ESTABLISHMENT**