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

TEM OWAKT WORLD ONCE HOUSING INSTECTION REPORT											
	REA	ASON									
Primary	ZND	Follow-up				21 5M CONSTRUCTION UNIT Z89A					
Secondary	=111711	Complaint	TIM			OWNER / OPERATOR:					
Tertiary		Other (Specify)	1	: 12	AM						
GRADE & RATING:		SANITARY PERMIT NO:	TIME OUT:		JT:	LOCATION: 289 A 5MU APARTMENTS MABINIST.					
MA		40002777	10	: 3b	AM	MABINI ST DEDEDO GUAM 96929					
	•	•				ntify violations which shall be corrected by the date specified by the Department.					
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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 INSECTION WAS CONDUCTED TODAY. PREVIOUS IMPECTION DATED 08/12/2021 REJUCTED IN A GRAPE/RATE OF OLA THE FOLLOWING WERE OBSERUED:	NG	
17	MULTIPLE BAREWOOD FURYISHINGS WERE USED IN THE ESTABLISHMENT.	1	11/05/20
	PREVENT PHYSICAL HAZARDS.		
	PHOTOS TA EEN  PEXT INSPECTION PHASE: PRIMARY, 3RD	m	
	CURRENT SAVITARY PERMIT EXPIRATION: 9/30/2021 CURRENT WORKERS' DORMITORY EXPIRATION: 6/30/2022		
	NEW SANITARY PERMIT EXPIRATION -9 12/31/2021 "A" PLACARD HO 03734 UPDATED AND POSTED.		
	DISLUSTED THIS REPORT WITH PERSON-IN-CHARGE (PIC)	1 1	
	responsible party of the establishment, have read and understand the above violation(s), and am aware of		

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)

DEH USE ONLY

DEH OFFICIAL (Name and Title)

REV: 05/29/18