

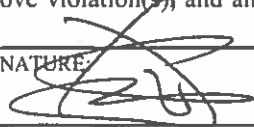

**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
TEMPORARY WORKFORCE HOUSING INSPECTION REPORT**

|                        |                                  |                       |   |                                   |
|------------------------|----------------------------------|-----------------------|---|-----------------------------------|
| REASON                 |                                  |                       | INSPECTION DATE:                                | ESTABLISHMENT NAME:               |
| Primary                | 3RD                              | Follow-up             | 11/05/2021                                      | 5M CONSTRUCTION CORPORATION #289B |
| Secondary              |                                  | Complaint             | TIME IN:  | OWNER / OPERATOR:                 |
| Tertiary               |                                  | Other (Specify)       | 9:15 AM   | 5M CONSTRUCTION CORPORATION       |
| GRADE & RATING:<br>1/A | SANITARY PERMIT NO:<br>210002778 | TIME OUT:<br>10:30 AM | LOCATION: 289B 5MCL APARTMENTS MABINI STREDO GU |                                   |

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 |
|-----------|--|---------|-----------------|
|           | A REGULAR INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION DATED 07/09/2021 RESULTED IN A GRADE/RATING OF O/A. THE FOLLOWING WERE OBSERVED: |         |                 |
| 17.       | MULTIPLE BAREWOOD FURNISHINGS WERE USED IN THE ESTABLISHMENT. FACILITY SHALL BE PROPERLY MAINTAINED TO PREVENT PHYSICAL HAZARDS.               | 1       | 11/05/21        |
|           | PHOTOS TAKEN.  |         |                 |
|           | NEXT INSPECTION PHASE: PRIMARY 4TH   |         |                 |
|           | CURRENT SANITARY PERMIT EXPIRATION: 9/30/2021  |         |                 |
|           | CURRENT WORKERS' DORMITORY EXPIRATION: 6/30/2022   |         |                 |
|           | NEW SANITARY PERMIT EXPIRATION: 10/31/2021   |         |                 |
|           | "A" PLACARD NO. 03637 UPDATED AND POSTED.  |         |                 |
|           | DISCUSSED THIS REPORT WITH PERSON-IN-CHARGE (PIC).   |         |                 |

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)<br>PRINT: TONY P. MAXLAW      | SIGNATURE:<br> | DEH USE ONLY |
|  | DEH OFFICIAL (Name and Title)<br>PRINT: J. MONTALO, EPHO I | SIGNATURE:<br> |              |
| REV: 05/29/18  |  | WHITE COPY - DEH OFFICE    YELLOW COPY - ESTABLISHMENT   |              |



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH

COVID-19 INSPECTION REPORT

NAME: (OWNER, LESSEE, OCCUPANT, ETC.) SM CONSTRUCTION ADDRESS: Lot #, House/Apt. #, Street Name, Building Name: SMC APARTMENTS MABINI ST.

INSPECTION/INVESTIGATION DATE/TIME: 10/05/2021 19:15 AM COMPLAINT #: N/A MUNICIPALITY/VILLAGE; SUBDIVISION: DEDE DO, GUAM

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS BASED ON TITLE 26 GUAM ADMINISTRATIVE RULES AND REGULATIONS (GARR) CHAPTER 4, ARTICLE 28 COVID-19 PUBLIC HEALTH ENFORCEMENT REGULATIONS.

| COMPLIANCE STATUS |  | REMARKS |
|-------------------|--|---------|
|-------------------|--|---------|

| IN                                  | OUT                      | REMARKS   | Corrected on the spot (COS) | Repeat                   | Not applicable (N/A)                |
|-------------------------------------|--------------------------|---|-----------------------------|--------------------------|-------------------------------------|
|                                     |                          | An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2021-21 (August 28, 2021) during the COVID-19 emergency. |                             |                          |                                     |
|                                     |                          | The following were observed:  |                             |                          |                                     |
| <input type="checkbox"/>            | <input type="checkbox"/> | 1. Requires all individuals who are 12 years and one month of age and older to show acceptable proof of vaccination to enter or work on their premises.                                 | <input type="checkbox"/>    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | 2. Prohibits indoor/outdoor services to individuals who fail to provide proof of vaccination.   | <input type="checkbox"/>    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | 3. Posts signage for vaccination requirement in a conspicuous place viewable by patrons and employees.  | <input type="checkbox"/>    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Adheres to congregation and social gathering limitations on their premises.  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>            | <input type="checkbox"/> | 5. Separates each group or table by a minimum of 6-feet physical distance.  | <input type="checkbox"/>    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Prohibits intermingling of individuals from different groups or tables.  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Requires and enforces mandatory use of face masks.   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>            | <input type="checkbox"/> | 8. Maintains contact logs of all staff and occupants of the facility.   | <input type="checkbox"/>    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Has a policy in place for the frequent cleaning of all surfaces.   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Provides adequate hand washing/hand sanitizing supplies.  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                     |                          | Observations/Findings:  |                             |                          |                                     |
|                                     |                          | <u>NO VIOLATIONS OBSERVED.</u>  |                             |                          |                                     |

RECEIVED BY (Print & Sign): Tony P. Montano  
 DEH INSPECTOR (Print & Sign): J. MONTANO, EPHO