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

	TEM	PORARY	WORKFO	RCE H	IOUSING INSPECTIO	N R	EPOR	RT -
REASON			INSPECTION		ISHMENT NAME:			1
Primar	y 380	Follow-up	DATE: 03/25/202	5m	CONSTRUCTION UNIT 289A			
Second		Complaint	TIME IN:	OWNER	/ OPERATOR:			
Tertia	гу	Other (Specify)	11:00Am	5m	CONSTRUCTION CORPORATION			1 1
GRADE &	RATING:	ATING: SANITARY PERMIT NO		LOCAT	ON: 289A STACE APARTMENTS	mAc	57. IMIG	
4	/A	2007002	1 ' -		MAGHI ST. OFFEDD GUA			
Failure t	o comply m	ay result in furtl	ems listed below ide ner regulatory actions ne indicated correction	. If seekir	ions which shall be corrected by the da g to appeal the result of this inspection	ite spe i, a wri	cified by t itten reque	he Department. st for a hearing
*ITEM NO.			R	EMARKS			DEMERIT	CORRECT BY DATE
	A REGUL	AR INSPECTI	and was cons	ucteo.	PROVIOUS INSPECTION DATES			1
	12/24/19 RESULTED IN A GRADE/RATING OF 1/4. PROJOUS VIOLATION]	
ITEM & 17 WAS CORRECTED. THE POLLOWING WELL OBSERVED!								-
	1 (6)	rii was i	somecles. In	O A DO			1	1
17.	OARK DISCHURATION AND MOLD GROWTH IN KITCHEN SINK CABINET.							04/24/2020
ا .		Canadama		1-0-0-			a 8	01200
34. FRASS (COCKROACH DROPPINGE) IN KITCHEN SINK CHOINET. 3							3	14 1200
							76.	-
MAXIMUM CAPACITY: 5, CURRENTLY WITH 2 EMPLOYEES:							-	_
	Dub		= 1411					30
-	PHOTOS		IN- CHARGE (P	c) with	A COPY OF EXECUTIVE OFFI	r Ce		70
_	- PROJUCED PERSON-IN- CHARGE (PIC) WITH A COPY OF EXECUTIVE OFOR CED) NO. 2020-04 AND NO. 2020-06; AND EDUCATIONAL HANDOUTS.							
	0.0 0	DAGGE THESE	- 405 NO 19MG	SANGE COMPEC	W FULL-LIKE SYMPTOMS DR	æo	ST TRA	งอะ-
ļ - <u>- </u>								
- ENCOURAGIED TO IMPLEMENT ED. NO. 2020-04 TO PREVENT TRANSMISSION								11
	OF CO	v10-19.					-	2 1
	"A" PL	ACARD NO	. 02335 ROM	CGU	4" PLACARO NO. 02824 ISS	SHED	द रिजाय	D 047 00005-
	, III]'`	
	NEXT IN	ISPECTION PA	HASE! PRIMA	24, 4	TH INSPECTION			
	NEW S	WITHRY PE	RMIT EXPRATI	اه: المح	30/2020			
	OISCUSSI	eo this ri	HTILU PEROPS	TONY !	MANALO, PIC.			
I am the	responsible	party of the est	ablishment, have rea	d and unde	erstand the above violation(s), and am a	ware o	of the corr	ective measures
	l be taken.	llowing items are	RECEIVED BY (Name	and Title)	SIGNATURE:	_	DEH US	E ONLY
cited ab	ove, they sh	all be corrected	PRINT: Tony	WAM				
		inspection: (15);		and Title)	SIGNATURE:			
(16); (19 and (38)		(30); (32); (36);	PRINT: V. DA	BOYUM	ERHOI (_		
REV: 05/2					FFICE YELLOW COPY - ESTABLISHMENT			121