

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

REASON			INSPECTION DATE:	ESTABLISHMENT NAME:
Primary		Follow-up	09/12/2020	5M CONSTRUCTION UNIT 289A
Secondary	1ST	Complaint	TIME IN:	OWNER / OPERATOR:
Tertiary		Other (Specify)	2:15 PM	5M CONSTRUCTION CORPORATION
GRADE:	SANITARY PERMIT NO:	TIME OUT:	LOCATION:	
G/A	200700723	3:45 PM	289A CMCC APARTMENTS MARINI ST. DEDECO, GUAM 96929	

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 report was conducted today and previous inspection was done on 09/08/2020 which resulted in a "A" rating.		
	Violations were cited on the following items:		
<input type="checkbox"/>	Item # 07: 50 square feet for each occupant.	6	
<input type="checkbox"/>	Item #15: Adequate water supply from, approved system, sources, safe quality, properly protected.	6	
<input type="checkbox"/>	Item #16: No cross-connection, backsiphonage	6	
<input type="checkbox"/>	Item #19: Adequate, convenient, maintained, signs, constructed, separate toilet for both sexes.	6	
<input checked="" type="checkbox"/>	Item #20: Toilet rooms enclosed (doors with self-closing device) fixtures in good repair, hand cleanser, sanitary paper towel, (toilet tissue) waste receptacle provided.	6	
<input type="checkbox"/>	Item #23: Approved sewage disposal system, utilized.	6	
<input type="checkbox"/>	Item #31: Adequate facilities for the preparation, refrigeration and storage of food	6	
<input type="checkbox"/>	Item #33: No employee with communicable disease work in the kitchen and dining hall	6	
<input type="checkbox"/>	Item #36: Only necessary toxic substances used and stored separately	6	
<input type="checkbox"/>	Item #38: Case of suspected food poisoning and communicable disease reported	6	
<input type="checkbox"/>	No violations observed.		
	Next Inspection Phase: <u>SECONDARY, 2ND</u> <input type="checkbox"/> N/A		
	New Sanitary Permit expiration: <u>06/2021</u> <input type="checkbox"/> N/A		
	" <u>A</u> " Placard No. <u>02824</u> removed. " <u>A</u> " Placard No. <u>02599</u> posted. <input type="checkbox"/> N/A		
	Discussed with point-of-contact		

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)	SIGNATURE	DEH USE ONLY
	PRINT: <u>X EROU, LAMPA</u>		
	DEH OFFICIAL (Name and Title)	SIGNATURE	
	PRINT: <u>V. Paimundo, EPH I</u>		

WHITE COPY - DEH OFFICE    YELLOW COPY - ESTABLISHMENT