

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

REASON			INSPECTION DATE: <u>08/25/2022</u>	ESTABLISHMENT NAME: <u>SM CONSTRUCTION #443</u>
Primary		Follow-up	TIME IN: <u>4:15PM</u>	OWNER / OPERATOR: <u>SM CONSTRUCTION COMPANY</u>
Secondary	<u>1st</u>	Complaint		
Tertiary		Other (Specify)		
GRADE & RATING: <u>7/A</u>	SANITARY PERMIT NO: <u>220000518</u>	TIME OUT: <u>5:00PM</u>	LOCATION: <u>443 CHAIAN IBANG MACHANAO PEDEPO GUAM</u>	

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
14	A REGULAR INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION DATED 03/31/2022 RESULTED IN A GRADE/RATING OF 1/A. THE FOLLOWING WERE OBSERVED: PREVIOUS VIOLATION ITEM #1 WAS CORRECTED. THE FOLLOWING WERE OBSERVED:	3	9/25/2022
	SCREEN MESH NOT PROVIDED ON WINDOW IN TOILET FACILITY NEAR BEDROOMS.		
	ADEQUATE VENTILATION SHALL BE PROVIDED TO PREVENT THE GROWTH OF MOLD. AND PROPER AIR CIRCULATION OF OBNOXIOUS ODOR.		
17	PAINT PEELING ON WALL IN LIVING ROOM AREA; YELLOW DISCOLORATION ON KITCHEN CABINETS; RESTROOMS DOORS DO NOT FULLY CLOSE AND LEAVING GAP ON DOOR.	1	9/25/2022
	FACILITIES SHALL BE PROPERLY MAINTAINED AND IN A GOOD STATE OF REPAIR TO PREVENT PHYSICAL HAZARDS AND TO PROMOTE OVERALL SANITATION.		
28	TRASH RECEPTACLES NOT PROVIDED WITH A COVER/LID IN KITCHEN AREA.	3	9/25/2022
	TRASH RECEPTACLES SHALL BE PROVIDED WITH A PROPER TIGHT-FITTING COVER/LID TO PREVENT HARBORAGE OF PESTS.		

I am the responsible party of the establishment, have read and understand the above violation(s), and am aware of the corrective measure 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): <u>[Signature]</u> PRINT: <u>ETERIO MANALA MANABAN</u>	SIGNATURE: <u>[Signature]</u>	DEH USE ONLY
	DEH OFFICIAL (Name and Title): <u>J. Montano EPHO I / K. Perez EPHO I / J. Garin ETI</u> PRINT: <u>J. MONTANO EPHO I / K. PEREZ EPHO I / J. GARIN ETI</u>	SIGNATURE: <u>[Signature]</u>	

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

REASON				INSPECTION DATE: <u>08/25/2022</u>	ESTABLISHMENT NAME: <u>5M Construction #443</u>
Primary		Follow-up		TIME IN: <u>4:15 PM</u>	OWNER / OPERATOR: <u>See page 1</u>
Secondary	<u>1st</u>	Complaint			
Tertiary		Other (Specify)			
GRADE & RATING: <u>7/A</u>	SANITARY PERMIT NO: <u>220000518</u>		TIME OUT: <u>5:00 PM</u>	LOCATION: <u>See page 1</u>	

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
	<u>PHOTOS WERE TAKEN.</u>		
	<u>"A" PLACARD NO. 02772 WAS UPDATED AND POSTED.</u>		
	<u>NEXT INSPECTION PHASE: SECONDARY 1st ^{AP} 2nd</u>		
	<u>NEW SANITARY PERMIT EXPIRATION: 03/31/2023</u>		
	<u>CURRENT WORKER'S DORMITORY EXPIRATION: 06/30/2023</u>		
	<u>DISCUSSED THIS REPORT WITH PERSON-IN-CHARGE (PIC).</u>		

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): <u>ETERCO MANALO</u>	SIGNATURE: <u>[Signature]</u>	DEH USE ONLY
	DEH OFFICIAL (Name and Title): <u>J.G.</u>	SIGNATURE: <u>[Signature]</u>	
	PRINT: <u>J. MONTANO EPHOI / R. PEREZ EPHOI / J. GARIN ETI</u>		