

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

REASON			INSPECTION DATE:	ESTABLISHMENT NAME:	
Primary	2ND	Follow-up	8/26/22	SM CONSTRUCTION UNIT #197	
Secondary		Complaint	TIME IN:	OWNER / OPERATOR:	
Tertiary		Other (Specify)	9:45 AM	SM CONSTRUCTION CORPORATION	
GRADE & RATING:		SANITARY PERMIT NO:		LOCATION:	
1/A		2200D3211		197 ROAD J PIGA SUBDIVISION DEDEBO GUAM	
			TIME OUT:		
			9:30 AM		

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
17.	<p>A REGULAR INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION DATED 7/7/2022 RESULTED IN A GRADE/RATING OF 1/A. PREVIOUS VIOLATION ITEM #1 WAS CORRECTED. THE FOLLOWING WAS OBSERVED:</p> <p>TOILET BOWL IN TOILET FACILITY WAS STAINED AND WITH DARK DISCOLORATION.</p> <p>FACILITY SHALL BE PROPERLY MAINTAINED AND IN GOOD STATE OF REPAIR TO PROMOTE OVERALL SANITATION.</p> <p>PHOTOS TAKEN.</p> <p>NEXT INSPECTION PHASE: PRIMARY-3RD</p> <p>NEW SANITARY PERMIT EXPIRATION: 12/31/2022</p> <p>NEW WORKERS' DORMITORY EXPIRATION: 6/30/2023</p> <p>DISCUSSED THIS REPORT WITH PERSON-IN-CHARGE (PIC).</p>	1	9/26/22

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.

<p>*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)</p>	RECEIVED BY (Name and Title) MANAGER PRINT: <u>ETERIO MANALO</u>	SIGNATURE	DEH USE ONLY
	DEH OFFICIAL (Name and Title) PRINT: <u>J. MONTANO, EPHO I</u>	SIGNATURE	