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

	TEM	PORARY	WO	ORKFOR	CE HOUSING INSPECTION REPORT			
REASON				INSPECTION	ESTABLISHMENT NAME:			
Primary		Follow-up		DATE:	5M Construction unit 289c			
Secondary		Complaint			OWNER / OPERATOR:			
Tertiary	1	Other (Specify)		9-10 AM	SM Construction corporation			
				TIME OUT:	LOCATION: 2890 (MCC Apartments Mabini street			
014		D0000064	O _D	10-30 AM	Dededo 6van 96929			
Failure to c	omply m	ay result in furtl	ems lis ner regu	ted below identi	ify violations which shall be corrected by the date specified by the Department. If seeking to appeal the result of this inspection, a written request for a hearing			
*ITEM					MARKS DEMERIT CORRECT BY DATE			

TEM NO.	REMARKS	DEMERIT	CORRECT BY DATE
	A regular inspection was conducted today. Previous inspection		
	eated 07.09.2021 resulted in a grade /vating of 1/A.		
	The following were observed:		
	MO NOIGHOUS mere Observed.		
	"A" PLACOVO W. 03636 Wal nembred.		
	"A" placard M. 0>711 was issued and posted		
	Mext inspection phase Pertiany		
	Men can'taky paint expiration: 06.30.2013 Men morkey: dormitary expiration: 06.30.203		
	1. Oh 100 thill sound that state of 100, 100, 100, 100, 100, 100, 100, 100	1 1	
	Discolated this report with person in - charge (pid)		
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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. DEH USE ONLY SIGNATURE: *When any of the following items are RECEIVED BY (Name and Title) cited above, they shall be corrected PRINT: TORY P. MM AW within ten days of this inspection: (15); DEH OFFICIAL (Name and Title) SIGNATURE (16); (19); (20); (22); (30); (32); (36); PRINT: J. Nimaning, EPHO 1 and (38) WHITE COPY - DEH OFFICE YELLOW COPY ESTABLISHMENT REV: 05/29/18