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

		67	ESTABLISHMENT NAME:			
Primary		Follow-up	DATE: 0//14//	5M Construction unit 289C		
Secondary	[= -	Complaint		OWNER / OPERATOR:		
Tertiary	_/	Other (Specify)	9:29AM	5M Construction Corporation		
GRADE & RAT		SANITARY PERMIT	NO: TIME OUT:	LOCATION: 289C 5MCC Apartments		
AID		220003214	11:00 ALM	Mabini Street dededo, Guam 26929		

Based on the inspection today, the items listed below identify violations which shall be corrected by the date specified by the Departmer Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for a hearing the submitted to the Director before the indicated correction date.

*ITEM NO.	REMARKS	DEMERIT	CORREC BY DAT
	A REGULAR INSPECTION WAS CONDUCTED TO DAY. PREVIOUS INSPECTION		
	DATED 07/07/2022 PESULTED IN A GRADE/PATING OF O/A.		
	THE FOLLOWING WERE OBSERVED:	_	
	NO VIOLATIONS WERE OBSERVED	-	
	"A" PLACARD # 02911 WAS REMOVED		
1	"A" PLACARD WAS ISSUED]	
=	NEXT INSPECTION PHASE: TERTIARY		
	NEW SANITARY PERMIT: 06/30/2024		
	NEW WORKERS DOPMITORY: 06/30/2024		
	DISCUSSED THIS REPORT WITH PERSON IN CHARGE		
		- 1	
	responsible party of the establishment, have read and understand the above violation(s), and am aware	of the corre	ctive mea
When a	be taken. The proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of the following items are received by (Name and Title) and the proof of th	DEH USE	ONLY

WHITE COPY - DEH OFFICE

YELLOW COPY - ESTABLISHMENT

and (38)

REV: 05/29/18