

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

INSPECTION	R&N	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	8	01 / 02 / 2018	7-DAYS SUPERMARKET (HARMON)
Follow-up	<input checked="" type="checkbox"/>		RATING	TIME IN	TIME OUT
Complaint				10:50 AM	1:30 PM
Investigation			D	SANITARY PERMIT NO.	
Other:				170001925	
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
RETAIL			3	649-0372	1
					No. of Repeat Risk Factor/Intervention Violations
					1
					RISK CATEGORY
					2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status	COS	R	PTS
Supervision			
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6
Person in charge present, demonstrates knowledge, and performs duties			
Employee Health			
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6
Management awareness, policy present			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6
Proper use of reporting, restriction & exclusion			
Good Hygienic Practices			
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use			
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Hands clean and properly washed			
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6
Adequate handwashing facilities supplied & accessible			
Approved Sources			
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6
Food obtained from approved source			
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O			6
Food received at proper temperature			
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6
Food in good condition, safe, and unadulterated			
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O			6
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O			6
Food separated and protected			
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O			6
Food contact surfaces: cleaned & sanitized			
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food			

Compliance Status	COS	R	PTS
Potentially Hazardous Food (TCS Food)			
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Proper cooking time and temperatures			
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Proper reheating procedures for hot holding			
18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Proper cooling time and temperatures			
19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Proper hot holding temperatures			
20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			6
Proper cold holding temperatures			
21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Proper date marking and disposition			
Consumer Advisory			
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A			6
Consumer Advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A			6
Pasteurized foods used; prohibited foods not offered			
Chemical			
24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A			6
Food additives: approved and properly used			
25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6
Toxic substances properly identified, stored, used			
Conformance with Approved Procedures			
26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A			6
Compliance with variance, specialized process, and HACCP plan			

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status	COS	R	PTS
Safe Food and Water			
27 <input type="checkbox"/>			1
Pasteurized eggs used where required			
28 <input type="checkbox"/>			2
Water and ice from approved source			
29 <input type="checkbox"/>			1
Variance obtained for specialized processing methods			
Food Temperature Control			
30 <input type="checkbox"/>			1
Proper cooling methods used; adequate equipment for temperature control			
31 <input type="checkbox"/>			1
Plant food properly cooked for hot holding			
32 <input type="checkbox"/>			1
Approved thawing methods used			
33 <input type="checkbox"/>			1
Thermometer provided and accurate			
Food Identification			
34 <input type="checkbox"/>			1
Food properly labeled; original container			
Prevention of Food Contamination			
35 <input checked="" type="checkbox"/>			2
Insects, rodents, and animals not present			
36 <input type="checkbox"/>			1
Contamination prevented during food preparation, storage & display			
37 <input type="checkbox"/>			1
Personal cleanliness			
38 <input type="checkbox"/>			1
Wiping cloths: properly used and stored			
39 <input type="checkbox"/>			1
Washing fruits and vegetables			

Compliance Status	COS	R	PTS
Proper Use of Utensils			
40 <input type="checkbox"/>			1
In-use utensils: properly stored			
41 <input type="checkbox"/>			1
Utensils, equipment and linens: properly stored, dried, handled			
42 <input type="checkbox"/>			1
Single-use/single-service articles: properly stored, used			
43 <input type="checkbox"/>			1
Gloves used properly			
Utensils, Equipment and Vending			
44 <input type="checkbox"/>			1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
45 <input type="checkbox"/>			1
Warewashing facilities: installed, maintained, used, test strips			
46 <input type="checkbox"/>			1
Nonfood-contact surfaces clean			
Physical Facilities			
47 <input type="checkbox"/>			2
Hot & cold water available, adequate pressure			
48 <input type="checkbox"/>			2
Plumbing installed; proper backflow devices			
49 <input type="checkbox"/>			2
Sewage and wastewater properly disposed			
50 <input type="checkbox"/>			2
Toilet facilities: properly constructed, supplied, & cleaned			
51 <input type="checkbox"/>			2
Garbage/refuse properly disposed; facilities maintained			
52 <input type="checkbox"/>			1
Physical facilities installed, maintained, and clean			
53 <input type="checkbox"/>			1
Adequate ventilation and lighting; designated areas use			
Documents and Placards			
54 <input type="checkbox"/>			2
Sanitary Permit, Health Certificates valid and posted			

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)
L. NAVARRO, EPHO I

PIC REFUSED TO SIGN

IR. ORIONDO EPHO I

Date:

Follow-up (Circle one): YES NO

Follow-up Date
N/A

Food Establishment Inspection Report

ESTABLISHMENT NAME 7-DAYS SUPERMARKET (HARMON)		LOCATION (Address) LOT 5007-3 ROUTE 16 HARMON	
INSPECTION DATE 01/02/2018	SANITARY PERMIT NO. 170001925	PERMIT HOLDER MOMO CORPORATION	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
*TUNA SANDWICH / GRAB N' GO CHILLER	51.0		
*CALIFORNIA ROLL / GRAB N' GO CHILLER	57.5		
*TUNA MURUBI / GRAB N' GO CHILLER	43.5		
*CUT WATERMELON / DISPLAY CHILLER	46.5 / 47.0		
RAW SHELLLED EGGS / DISPLAY CHILLER	42.9		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 12/22/2017, WHICH RESULTED IN A GRADE/RATING OF 28/C. PREVIOUS VIOLATIONS OF ITEMS NO. 2, 8, 33, 42, 50, 51, 52, AND 53 WERE CORRECTED. HOWEVER, REPEAT VIOLATIONS OF ITEMS NO. 20 AND 35 WERE OBSERVED AS DESCRIBED BELOW.	
20	MULTIPLE POTENTIALLY HAZARDOUS FOOD (PHF) / TIME AND TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS DID NOT MEET TEMPERATURE REQUIREMENT FOR COLD HOLDING. SEE ITEMS WITH ASTERISK ON TEMPERATURE OBSERVATIONS ABOVE FOR LIST OF PHF/TCS FOOD IN VIOLATION OF TEMPERATURE REQUIREMENT. PHF/TCS FOOD SHALL BE MAINTAINED AT INTERNAL TEMPERATURE OF 4°F OR BELOW FOR COLD HOLDING TO LIMIT PATHOGEN GROWTH AND/OR TOXIN FORMATION.	
35	A SINGLE RODENT DROPPING FOUND ON THE RETAIL FLOOR NEXT TO THE DISPLAY CHILLER AT THE BACK. SOME FEEDINGS ON BAITS PLACED ON THE FIRST FLOOR AND SECOND FLOOR WAREHOUSES WERE FOUND. BASED ON THIS OBSERVATION, IT APPEARS THAT ACTIVE RODENT ACTIVITY PERSISTS. LAST PEST CONTROL SERVICE WAS DONE BY NOKAOI ON 12/30/2017 (SEE ATTACHED REPORT). PESTS SHALL NOT BE PRESENT AND THEIR ACTIVITIES CONTROLLED TO PREVENT CONTAMINATION OF FOOD AND FOOD CONTACT SURFACES.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) PIC REFUSED TO SIGN	Date:
DEH Inspector (Print and Sign) L. NAVARRO, EPHO I	Date: 01/02/2018



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
GOVERNOR

JAMES W. GILLAN
DIRECTOR

RAY TENORIO
LIEUTENANT GOVERNOR

LEO G. CASIL
DEPUTY DIRECTOR

Date: 01/02/18

7-DAYS SUPERMARKET HARMON
Name of Establishment

As a result of this inspection your establishment received a:

LETTER OF WARNING

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

NOTICE OF CLOSURE

8/0
(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely,
[Signature]
JAMES GILLAN
Director

Issued By: *[Signature]*
Name of EPHO

Received By: PIC REFUSED TO SIGN
Establishment Representative