

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

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	13	12/27/17	JOSIE'S SPECIAL BATCHOY AND FAST FOOD
Follow-up			B	TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>			1:38 PM	4:12 PM
Investigation				SANITARY PERMIT NO.	PERMIT HOLDER
Other:				170001614	TACYAN, JOSIE P
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
RESTAURANT			1	633-4383	0/NA
					RISK CATEGORY
					3

**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 = Demerit points

Compliance Status	COS	R	PTS
<b>Supervision</b>			
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			6
Person in charge present, demonstrates knowledge, and performs duties			
<b>Employee Health</b>			
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			
<b>Good Hygienic Practices</b>			
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			
<b>Preventing Contamination by Hands</b>			
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			
<b>Approved Source</b>			
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 type="checkbox"/> N/O			6
Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>			
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			6
Food separated and protected			
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			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
<b>Potentially Hazardous Food (TCS Food)</b>			
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O			6
Proper cooking time and temperatures			
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O			6
Proper reheating procedures for hot holding			
18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O			6
Proper cooling time and temperatures			
19 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			6
Proper hot holding temperatures			
20 <input checked="" type="checkbox"/> IN <input checked="" 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			
<b>Consumer Advisory</b>			
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			
<b>Highly Susceptible Populations</b>			
23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A			6
Pasteurized foods used; prohibited foods not offered			
<b>Chemical</b>			
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			
<b>Conformance with Approved Procedures</b>			
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 = Demerit points

Compliance Status	COS	R	PTS
<b>Safe Food and Water</b>			
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			
<b>Food Temperature Control</b>			
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			
<b>Food Identification</b>			
34 <input type="checkbox"/>			1
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
35 <input checked="" type="checkbox"/>			2
Insects, rodents, and animals not present			
36 <input checked="" type="checkbox"/>			1
Contamination prevented during food preparation, storage & display			
37 <input type="checkbox"/>			1
Personal cleanliness			
38 <input checked="" type="checkbox"/>			1
Wiping cloths: properly used and stored			
39 <input type="checkbox"/>			1
Washing fruits and vegetables			

Compliance Status	COS	R	PTS
<b>Proper Use of Utensils</b>			
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 checked="" type="checkbox"/>			1
Single-use/single-service articles: properly stored, used			
43 <input type="checkbox"/>			1
Gloves used properly			
<b>Utensils, Equipment and Vending</b>			
44 <input checked="" type="checkbox"/>			1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
45 <input checked="" type="checkbox"/>			1
Warewashing facilities: installed, maintained, used; test strips			
46 <input checked="" type="checkbox"/>			1
Nonfood-contact surfaces clean			
<b>Physical Facilities</b>			
47 <input checked="" type="checkbox"/>			2
Hot & cold water available, adequate pressure			
48 <input type="checkbox"/>			2
Plumbing installed; proper backflow devices			
49 <input checked="" 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 checked="" type="checkbox"/>			1
Physical facilities installed, maintained, and clean			
53 <input type="checkbox"/>			1
Adequate ventilation and lighting; designated areas use			
<b>Documents and Placards</b>			
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) VON CABRAL Date: 12/27/17

DEH Inspector (Print and Sign) T. SHIMIZU J. QUIZ D. MARQUEZ Follow-up (Circle one):  YES  NO Follow-up Date: 1/27/18

Food Establishment Inspection Report

ESTABLISHMENT NAME JOSIE'S SPECIAL BATHOY AND FAST FOOD		LOCATION (Address) LOT 3 TRACT 217 DEDEDO GUAM
INSPECTION DATE 12, 27, 17	SANITARY PERMIT NO. 170001614	PERMIT HOLDER TACUYAN, JOSIE P

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
SAUSAGE SPAGHETTI / BUFFET LINE	128	FORK SQUASH / BUFFET LINE	103
FISH IN EGGS / BUFFET LINE	26.5	COOKED PORK BRIDGE	42.5
FRIED CHICKEN / BUFFET LINE	21.5		
FRIED FISH / BUFFET LINE	14.0		
FRIED RICE / BUFFET LINE	107.5		
PORK TINO LA / BUFFET LINE	145.0		
CHICKEN TINO LA / BUFFET LINE	174.0		
PORK STOMACH / BUFFET LINE	163.5		
COOKED RICE / RICE COOKER	173.5		
DEER BACK PIRS / BUFFET LINE	163.5		

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 REGULAR INSPECTION WAS CONDUCTED ON THIS DATE BASED ON A COMPLAINT RECEIVED ON 12/26/17, REGARDING MAGGOTS IN CUSTOMER'S FRIED CHICKEN TAKE OUT ORDER. THE COMPLAINT WAS UNSUBSTANTIATED. PREVIOUS ASSESSMENT DATED 3/31/15.	
	THE FOLLOWING VIOLATIONS WERE OBSERVED:	
19	PHF/TCS FOODS HELD BELOW 140°F ON THE BUFFET LINE. ALL PHF/TCS FOODS SHALL BE HELD AT 140°F AND ABOVE FOR HOT HOLDING TO PREVENT THE RAPID GROWTH OF BACTERIA. THE FOODS NOT MEETING TEMPERATURE REQUIREMENTS WERE DISCARDED.	COS
35	A FLY WAS OBSERVED IN THE BUFFET AREA, AND ANOTHER IN THE KITCHEN PREP AREA. OBSERVED GAPS IN THE FRONT ENTRANCE DOORS AND THE BACK EXIT SCREEN DOORS OF THE KITCHEN. THE PRESENCE OF PESTS SHALL BE PREVENTED AND ALL OUTER OPENINGS SHALL BE SEALED. THIS IS TO PREVENT THE ENTRY OF PESTS AND CONTAMINATION OF FOOD/EQUIPMENT.	1/27/18

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) VON CABRAL	Date: 12/27/17
DEH Inspector (Print and Sign) T. SHIMIZU	Date: 12/27/17

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

ESTABLISHMENT NAME <b>JOSE'S SPECIAL BACHOY AND FAST FOOD</b>		LOCATION (Address) <b>LOT 3 TRACT 217 DEDEO GUAM</b>
INSPECTION DATE <b>12/27/17</b>	SANITARY PERMIT NO. <b>(FOOD) 1614</b>	PERMIT HOLDER <b>TACUYAN, JOSE P</b>

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.

36	SPLASH GUARDS NOT PROVIDED IN BETWEEN THE HAND SINK AND THE FOOD PREP SINK / PREPARATION COUNTER IN THE KITCHEN. A SPLASH GUARD SHALL BE PLACED BETWEEN THE HAND SINK AND THE FOOD PREP SINK / PREPARATION COUNTER IN ORDER TO PREVENT CONTAMINATION AND FOOD AND EQUIPMENT.	1/27/18
38	WIPING CLOTHS NOT STORED IN SANITIZER BETWEEN EACH USE. WIPING CLOTHS SHALL BE STORED IN SANITIZER TO PREVENT BACTERIAL GROWTH.	1/29/18
42	SINGLE SERVICE ARTICLES NOT STORED PROPERLY IN BUFFET AREA. SINGLE SERVICE ARTICLES SHALL BE STORED PROPERLY TO PREVENT CONTAMINATION PRIOR TO USE.	1/27/18
44	REFRIGERATOR DOOR SEALS IN DISREPAIR IN THE STORAGE AREA. ALL REFRIGERATION EQUIPMENT SHALL BE IN GOOD REPAIR TO ENSURE FOOD IS STORED AT PROPER TEMPERATURES.	1/29/18
45	CHEMICAL TEST KITS NOT PROVIDED. ONE OF THE THREE COMPARTMENT SINK FAUCETS IS IN DISREPAIR. CHEMICAL TEST KITS SHALL BE PROVIDED TO ENSURE PROPER STRENGTH OF SANITIZER. THREE COMPARTMENT SINK SHALL BE IN GOOD REPAIR TO ENSURE ALL EQUIPMENT AND UTENSILS ARE THOROUGHLY WASHED.	1/27/18
46	ACCUMULATION OF GREASE ON THE STOVE, ACCUMULATION OF STAINS ON THE <sup>SHOWING</sup> WALLS (KITCHEN) ACCUMULATION OF FOOD PARTICLES AND GREASE ON BUFFET LINE FLOOR AREA AND EQUIPMENT. ALL NON-FOOD CONTACT SURFACES SHALL BE CLEANED AS OFTEN AS NEEDED TO PREVENT THE ATTRACTION OF PESTS.	1/27/18

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Person in Charge (Print and Sign) <b>VON CABRAL</b>	Date: <b>12/27/17</b>
DEH Inspector (Print and Sign) <b>F. S. LIMON</b>	Date: <b>12/27/17</b>

Food Establishment Inspection Report

ESTABLISHMENT NAME JOSIE'S SPECIAL BAKERY AND FAST FOOD		LOCATION (Address) LOT 3 TRACT 217 DEDEDO GUAM
INSPECTION DATE 12/27/17	SANITARY PERMIT NO. 170001614	PERMIT HOLDER TACUYAN, JOSIE P

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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47	HOT WATER NOT PROVIDED FOR THE THREE COMPARTMENT SINK FAUCET IN DISREPAIR. HOT WATER SHALL BE PROVIDED FOR ALL COMPARTMENTS OF A THREE COMPARTMENT SINK TO ENSURE ALL EQUIPMENT IS THOROUGHLY WASHED.	1/27/18
49	AIR GAP/BACKWATER VALVE NOT PROVIDED FOR MANUAL WAREWASHING SINKS, MECHANICAL WARE WASHING SINK, AND FOOD PREPARATION SINKS. AIR GAP/BACKWATER VALVE SHALL BE PROVIDED FOR ALL FOOD/FOOD-EQUIPMENT SINKS TO PREVENT THE BACK UP OF SEWAGE.	1/27/18
52	ACCUMULATION OF STAINS ON THE WALLS OF THE KITCHEN. ALL WALLS SHALL BE CLEANED AS OFTEN AS NEEDED TO PREVENT ATTRACTION OF PESTS AND ANY UNSANITARY CONDITIONS.  PHOTOS WERE TAKEN.  REMOVED A PLACARD NO :  ISSUED B PLACARD NO.: 01002  BRIEFED PIC ON THIS INSPECTION REPORT.	1/27/18

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Person in Charge (Print and Sign) VON CABRAL	Date: 12/27/17
DEH Inspector (Print and Sign) T. SHIMIZU EPHO I	Date: 12/27/18

White: DPHSS/DEH Yellow: Food Establishment