

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

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME			
Regular			27	03 / 06 / 2018		ORIENTAL KITCHEN			
Follow-up	✓	✓		TIME IN	TIME OUT	PERMIT HOLDER			
Complaint			RATING	2:00 PM	5:00 PM	CHAN, TED EK			
Investigation			D	SANITARY PERMIT NO.		LOCATION (Address)			
Other:				17000 1862		RT. 10 MANGILAO			
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations		4	RISK CATEGORY	
RESTAURANT			4	734-5110	No. of Repeat Risk Factor/Intervention Violations		2	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
Supervision						
1	<input checked="" type="radio"/> IN	<input checked="" type="radio"/> OUT				6
Person in charge present, demonstrates knowledge, and performs duties						
Employee Health						
2	<input type="radio"/> IN	<input type="radio"/> OUT				6
Management awareness, policy present						
3	<input type="radio"/> IN	<input type="radio"/> OUT				6
Proper use of reporting, restriction & exclusion						
Good Hygienic Practices						
4	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O		6
Proper eating, tasting, drinking, betelnut, or tobacco use						
5	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O		6
No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands						
6	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O		6
Hands clean and properly washed						
7	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O		6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed						
8	<input type="radio"/> IN	<input type="radio"/> OUT				6
Adequate handwashing facilities supplied & accessible						
Approved Source						
9	<input type="radio"/> IN	<input type="radio"/> OUT				6
Food obtained from approved source						
10	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O		6
Food received at proper temperature						
11	<input type="radio"/> IN	<input type="radio"/> OUT				6
Food in good condition, safe, and unadulterated						
12	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O		6
Required records available: shellstock tags, parasite destruction						
Protection from Contamination						
13	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A			(6)
Food separated and protected //						
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A			(6)
Food contact surfaces: cleaned & sanitized						
15	<input type="radio"/> IN	<input type="radio"/> OUT				6
Proper disposition of returned, previously served, reconditioned, and unsafe food						

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O		6
Proper cooking time and temperatures						
17	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O		6
Proper reheating procedures for hot holding						
18	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O		6
Proper cooling time and temperatures						
19	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O		(6)
Proper hot holding temperatures						
20	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A			(6)
Proper cold holding temperatures						
21	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O		6
Proper date marking and disposition						
Consumer Advisory						
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			6
Consumer Advisory provided for raw or undercooked foods						
Highly Susceptible Populations						
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			6
Pasteurized foods used, prohibited foods not offered						
Chemical						
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A			6
Food additives: approved and properly used						
25	<input type="radio"/> IN	<input type="radio"/> OUT				6
Toxic substances properly identified, stored, used						
Conformance with Approved Procedures						
26	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> 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
Safe Food and Water						
27						1
Pasteurized eggs used where required						
28						2
Water and ice from approved source						
29						1
Variance obtained for specialized processing methods						
Food Temperature Control						
30						1
Proper cooling methods used; adequate equipment for temperature control						
31						1
Plant food properly cooked for hot holding						
32						1
Approved thawing methods used						
33						1
Thermometer provided and accurate						
Food Identification						
34	<input checked="" type="checkbox"/>					(1)
Food properly labeled; original container						
Prevention of Food Contamination						
35						2
Insects, rodents, and animals not present						
36						1
Contamination prevented during food preparation, storage & display						
37						1
Personal cleanliness						
38						1
Wiping cloths: properly used and stored						
39						1
Washing fruits and vegetables						

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

REFUSED TO SIGN
L. NAVARRO JR / R. ORLANDO JR

Date:

Follow-up (Circle one): YES NO

Follow-up Date

TBD

Food Establishment Inspection Report

ESTABLISHMENT NAME ORIENTAL KITCHEN		LOCATION (Address) RT. 10, MANGILAO	
INSPECTION DATE 03 / 06 / 2018	SANITARY PERMIT NO. 170001862	PERMIT HOLDER CHAN, TED EK	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
LECHON KAWALI / SERVICE LINE	112.0° F / 118.0	SWEET + SOUP PORK / SERVICE LINE	135.0
FRIED CHICKEN / SERVICE LINE	137.0 / 138.5	CHICKEN THIGH / WALK IN CHILLER	50.0 / 49.5 / 42.5
BBQ RIBS / SERVICE LINE	125.0 / 131.5	(RAW) BEEF STRIPS / WALK IN CHILLER	40.5
BAKED CHICKEN / SERVICE LINE	134 / 112.0 / 122.0 / 121.5	(RAW) BEEF STRIPS / UPRIGHT CHILLER	41.5
PORK BBQ / SERVICE LINE	112.5 / 120.5	POTATO SALAD / WALK IN CHILLER	56.0 / 65.0
FRIED TILAPIA / SERVICE LINE	111.0 / 126.0	COOKED SPAGHETTI / UPRIGHT CHILLER	43.0
FISH FILLET / SERVICE LINE	104.5 / 128.0	(RAW) MARINATED CHICKEN / UPRIGHT CHILLER	55.5 / 41.0 / 41.0
PORK STEAK / SERVICE LINE	123.5 / 135.5	COOKED CHICKEN BBQ / UPRIGHT WARMER	124.0
CHICKEN CURRY / SERVICE LINE	102.5 / 115.5	LECHON KAWALI / UPRIGHT WARMER	162.5
BEEF W/ BLACK BEAN SAUCE / SERVICE LINE	161.5	(RAW) SPARERIBS / UPRIGHT CHILLER	41.0

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. PREVIOUS INSPECTION DONE ON 01/29/18 RESULTED IN A 24/C RATING. PREVIOUS VIOLATIONS CITED ON ITEMS # 1, 35, 44, & 49 WERE CORRECTED. THE FOLLOWING VIOLATIONS WERE OBSERVED TODAY:	
13	^{BUCKETS OF} EDIBLE GARBAGE FOUND STORED IN THE WALK-IN CHILLER, ^{TOGETHER} WITH FOOD TO BE SERVED TO CUSTOMERS. RAW PORK FOUND STORED ^{DIRECTLY} ON TOP OF A BOX OF RAW SHRIMP IN THE WALK-IN FREEZER. FOOD SHALL BE SEPARATED AND PROTECTED TO PREVENT CONTAMINATION.	
14	EMPLOYEES WERE FOUND WASHING AND RINSING ^{UTENSILS} , AND THEN STORING THEM IN A CONTAINER WITHOUT PROPER SANITIZATION AND AIR DRYING PROCEDURE. FOOD CONTACT SURFACES SHALL BE PROPERLY WASHED, RINSED, AND SANITIZED, AND AIR DRIED TO ENSURE DESTRUCTION OF PATHOGENS.	
19	SEVERAL TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) FOOD WERE FOUND NOT MEETING THE INTERNAL TEMPERATURE REQUIREMENT OF 140°F ^{OR ABOVE} ABOVE FOR HOT HOLDING. TCS FOOD SHALL BE HELD AT 140°F OR ABOVE TO LIMIT THE GROWTH OF PATHOGENS.	
*REPEAT	SEVERAL TCS FOOD WERE FOUND NOT MEETING THE INTERNAL TEMPERATURE REQUIREMENT OF 41°F OR BELOW FOR COLD HOLDING.	

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) REFUSED TO SIGN	Date:
DEH Inspector (Print and Sign) L. NAVARRO	Date: 3/6/18

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

ESTABLISHMENT NAME ORIENTAL KITCHEN		LOCATION (Address) RT. 10, MANGILAO	
INSPECTION DATE 03 / 06 / 2018	SANITARY PERMIT NO. 170001862	PERMIT HOLDER CHAN, TED EK	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
POTATO SALAD / SERVICE LINE	54.0		
KIMCHEE NOODLES / SERVICE LINE	74.0 / 74.5		
COLESLAW / SERVICE LINE	45.0°F / 46.0		
PANCIT / SERVICE LINE	135.5		
CHOPSUEY / SERVICE LINE	141.0		
RICE (COOKED) / SERVICE LINE	142.5		

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.

	TCS FOOD SHALL BE HELD AT 41°F OR BELOW FOR COLD HOLDING TO LIMIT PATHOGEN GROWTH.	
34	SOME FOOD ITEMS IN THE CHILLERS, NOT IN THEIR ORIGINAL CONTAINERS, WERE FOUND NOT LABELED. FOOD STORED, NOT IN ORIGINAL CONTAINER, SHALL BE PROPERLY LABELED FOR PROPER IDENTIFICATION OF FOOD.	
40	IN-USE UTENSILS FOUND BEING STORED IN CONTAINERS WITH LUKE WARM WATER, WITH TEMPERATURES OF 94°F AND 115°F. IN-USE UTENSILS SHALL BE PROPERLY STORED TO PREVENT CROSS CONTAMINATION.	
53	LIGHTING IN THE WALK-IN CHILLER WAS READING AT 1.4 FOOT CANOLES ADEQUATE LIGHTING SHALL BE PROVIDED TO FACILITATE CLEANING IN FOOD STORAGE AREAS. PICTURES OF THE VIOLATIONS WERE TAKEN PLACARD "C" NO. 00983 REMOVED. SANITARY PERMIT RETRIEVED.	
	SANITARY PERMIT IS HEREBY SUSPENDED DUE TO REPEAT VIOLATIONS OF ITEMS # 19, 20,	

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) REFUSED TO SIGN	Date:
DEH Inspector (Print and Sign) LEILANI NAVARRO <i>[Signature]</i> / REMILIZA CRONDO <i>[Signature]</i>	Date: 03/06/18

Food Establishment Inspection Report

ESTABLISHMENT NAME <u>ORIENTAL KITCHEN</u>		LOCATION (Address) <u>ROUTE 10, MANGILAO</u>	
INSPECTION DATE <u>03 / 06 / 2018</u>	SANITARY PERMIT NO. <u>170001862</u>	PERMIT HOLDER <u>CHAN, TED EK</u>	

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.

	AND 40.	
	SANITARY PERMIT SHALL BE RE-INSTATED AFTER ALL CITED VIOLATIONS HAVE BEEN CORRECTED AND A PAYMENT OF \$100.00 IS MADE TO THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES.	
	POSTED "D" PLACARD NO. 00244 ON THE FRONT ENTRANCE AND NOTICE OF CLOSURE PLACARD.	
	ISSUED NOTICE OF CLOSURE LETTER AND REINSPECTION REQUEST FORM.	
	DISCUSSED THIS REPORT WITH MANAGER, LI TINE TSUI & OWNER TED CHAN. TED CHAN REFUSED TO SIGN.	

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) <u>REFUSED TO SIGN</u>	Date:
DEH Inspector (Print and Sign) <u>LEILANI NAVARRO</u> <i>[Signature]</i> / <u>REMILIZA ORIONDO</u> <i>[Signature]</i>	Date: <u>03/06/18</u>



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: 03/06/18

ORIENTAL KITCHEN
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

27/0
(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,
Leo G. Casil
LEO G. CASIL
ACTING Director

Issued By: L. NAVARRO / R. PRIONDO
Name of EPHO

Received By: RETWED TO VIEN
Establishment Representative

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