

Dominic Terlaje Education Suruhanu Office of the Adequate Education Suruhanu 126 Ricardo J. Bordallo Governor's Complex, Adelup P.O. Box 2950 Hagatna, Guam 96932

Telephone: (671) 475-9130 · Fax: (671) 477-4826 Email: educationsuruhanu@guam.gov Web Page Address: www.guainlegislature.com



November 10, 2009

MEMORANDUM

TO:

Superintendent of Education

FROM:

Education Suruhanu

SUBJECT:

George Washington High School Inspection November 2009

Dear Dr. Bretania Underwood:

Attached to this memorandum are inspection reports identifying discrepancies discovered during an inspection of the George Washington High School campus that occurred on November 6, 2009. The agencies that participated in the inspection were the Department of Public Health and Social Services (DPHSS), the Guam Environmental Protection Agency (GEPA), and our office. I strongly recommend that GDOE address all the discrepancies identified in the respective inspection reports and rectify them immediately in order to come into compliance with the various regulatory agency codes and with various provisions of the 14 Points of P.L. 28-45. Because not all the classrooms or school facilities were inspected, GDOE is highly encouraged to asses all other classrooms and school facilities in order to identify any other discrepancies and perform the necessary corrective action.

The school received a letter grade C with a total of 28 demerits for the various violations contained in DPHSS' School Building Inspection Report. In addition, the school cafeteria received a letter grade A with a total of 10 demerits for the various violations contained in the DPHSS' Eating & Drinking Establishment / Food Establishment Inspection Report. The law requires that such violations be corrected within a specific time frame. When the demerit score is 20 or less, all violations of two (2) or four (4) demerits must be corrected within a period not to exceed 30 days. See 10 GCA § 21107 (2) (a). However, when the demerit score is more than 20 but not more than 40, all items of two (2) or four (4) demerits must be corrected within a period of time not to exceed fifteen (15) days. See 10 GCA § 21107 (2) (b). Furthermore, when one (1) or more six (6) demerit point items are in violation, regardless of the total demerit score, such item or items must be corrected within a period of time not to exceed ten (10) days. See 10 GCA § 21107 (2) (c).

The GW school building received a demerit score of 28. Therefore, the two (2) and four (4) demerit items contained in such report must be corrected within 15 days from the date of the inspection. In addition, because the school building inspection contained one (1) six (6) demerit point item, that item must be corrected within 10 days from the date of the inspection. The GW cafeteria received a demerit score of 10 with various two (2) and four (4) demerit items. Therefore, such demerit items must be corrected within a period of time not to exceed 30 days from the date of the inspection.

GEPA also prepared an inspection report noting the various discrepancies and/or violations discovered at the school. Although GEPA does not issue demerit points for the various discrepancies, I strongly recommend that DOE correct such discrepancies within a reasonable time frame to ensure

that the DOE comes into compliance with the applicable regulatory agency codes, with various provisions of the 14 Points of P.L. 28-45, and any other applicable laws or rules.

Please submit to my office, in writing, GDOE's plan of corrective action for each of the discrepancies identified in each of the attached school inspection reports, including but not limited to the date when such discrepancies will be rectified. Furthermore, please submit to my office, in writing, the corrective action already taken if any, to rectify the discrepancies contained in each of the attached school inspection reports since the date the inspection occurred.

Please submit such requested information to my office immediately. If you have questions, please do not hesitate to contact my office.

Respectfully,

Dominic Terlaje

Attachment:

DPHSS inspection report. GEPA inspection report

cc:

Honorable Speaker, 30th Guam Legislature GEPB Chairman Office of Attorney General, Patrick Mason, Deputy Attorney General, Civil Litigation & Solicitor Division (via email)

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

28/0

1 of 5

SCHOOL BUILDING INSPECTION REPORT

			- Jene	(OESDE IEDE	NGENDIECTION RELORI	
REASC	ON		INSPECTION		ESTABLISHMENT NAME George Washington High School	1
Regular		√	INSPECTION	2009 TIME 6: 90 MIN. P.M.	OWNER/OPERATOR	
Follow-up			10:00 AR	MIN. P.M.	Department of Education	
Complaint		*	TRAVEL TIME	E MIN.	LOCATION Mangilao, Guam	
Investigation	ı		SANITARY PE		PERMIT CATEGORY STATUS (Circle One) ESTAB.	ГҮРЕ
Other (Speci	ifv)		9000 2		Permanent) Temporary/Current, Expired SCHOO	
	Based on must be c	orrec	ted by the next	routine inspect	ed below identify violations in operation or facilities which ion or such shorter period of time as may be specified by the cessation of your operations.	ı ie
ITEM NO.					REMARKS	CORRECT
#07	Obser	V0	d tires	in bet	ween the main office.	-DATE
1101	build	lin	g and	A wil	}g ·	
		·cs	Shall	be rem	oved to prevent horborage	
	OF	vec	tors.			_
400	(ibcom	18-	AVERA	-11.10 \10	getation throughout the	
1108	Observ		overgi builtin		getation throughout the	. 2.
- I	school near	,,		<i></i>	intoiners.	
,	1.00.		,		,	
	04	erg	rown v	egetatio	on (grass) Shall be cut	
	and		Properly			
	Shol	1/	be re	moved	and put in the proper	
	plac	e.				
		Ťħ	e. Cobo		nds shall be kept clean.	_
	Free			bbi'sh or	ad overgrown vegetation.	
	an d			,	onably level to prevent	
	imur		and	horbora		
B00001	· U	1			9	
非以	Obst	rv	ed moi	d f leal	rage at the Otp awning	1
\(\)	hallwi	ays	obser	ved cei	ling in disrepoir across	~
	Toom.	\ E	3 20 3) 01	nd a h	dle on the wall near room	
	B 20.	4.	Observe	ed the	F wing going towards	
	the				is missing a gutter.	
*When			d understand the owing items are		on(s) and I am aware of the corrective measures to be take	1.
cited al	bove, they	/ shal	be corrected		EDBY (Name and Title) Rencipal	
	ten days (23); (27);		inspection: (0)	(1); DEH I	NSPECTOR (Name and Title)	
(02), (2	, (41),	(31).		Kenpe	1 B. CHKHNOWNG I ANTHONY PRITER	
				Re -	ATM M. BINDATA-FHS ROMOWER-	

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

28/0

SCHOOL BUILDING INSPECTION REPORT

2 cF 5

REASC	ON	INSPECTION DATE GESTABLISHMENT NAME GOOD High School	
Regular		INSPECTION TIME OWNER/OPER ATOR	
Follow-up		10:000 m. 6:20 Fm. Department of Education	
Complaint		TRAVEL TIME LOCATION Mangilao, Guam	
Investigation	n	SANITARY PERMIT # PERMIT CATEGORY STATUS (Circle One) ESTAB. TYPE	Е <i>ВЮ6.</i>
Other (Speci	ify)	an inspection this day the items listed below identify violations in operation or facilities which	0.00,
	must be co	orrected by the next routine inspection or such shorter period of time as may be specified by the nt. Failure to comply may result in cessation of your operations.	
TETEMINO:)	REMARKS	CORRECT BY:
	Con tin	nue:	DATE
	Walle	g and ceilings shall be light of color, cosily	•
,	dean	nable, dean, and in good repair.	
4 10th = 100 ° 10 mg		E PLEASE SEE ALL HALLWAT AWNINGS)	4
# 4	Obser	wed norm AROS with no self-dosing devices	
,	Obser	ved mm 4202 door with rustr staples.	
	obser		
	brok		
	the		
	a b	niven suf-clusing device.	
	h-	is shall be provided with self-dosing	
	devi		
:	4041	cc / Rept Geatt one in give injusti	
#16	Obser	ved rom(\$108) with 14 chairs in disrepair	
ΠΨ	Obser		
	0.000		
	CI	assroom equipment shall be dean and in	
/	9000	repair.	
11-11/25			
#18	0680	aved nom clos with boxes & anstructional	4
	egv	ipment stured on top of snelves/cobinets.	
	411 0	reag facilities and equipment shall be maintained	
		reag, facilities, and equipment shall be maintained a crean to go Fe environment and to prevent	÷ .
		ead and understand the above violation(s) and I am aware of the corrective measures to be taken.	
	n any of th	ne following items are RECEIVED BY (Name and Title)	
		y shall be corrected of the inspection: (01); DELL INSPECTOR (Name and Title)	
	(23); (27);	DEH INSTECTOR France and Truch	•
		ROWALDYB. CARRADANG I HING HONG WATER	
		Remotion M. Brown ta. THIS France.	

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

28/0

DIVISION OF ENVIRONMENTAL HEALTH

3 of 5

	SCHOOL B	UILDING	INSPECTI	ON F	REPORT
--	----------	---------	----------	------	--------

				·							
REASO	ON			Ob/ 6		ESTABLISHMEN GEORGE	TNAME Vashiog	ton 1	ligh	5ch06	
Regular		\		TION TI	•	OWNER/OPERAT					
Follow-up	,	-			AMP m.	Departmen		Povco	tion		
Complaint		,*	TRAVE	L TIME HR.	MIN.	LOCATION Mangilao	, Guom			.	*
Investigation	n	.		ARY PER		PERMIT CATEGO			e)	ESTAB. T	
Other (Spec			· · · · · · · · · · · · · · · · · · ·	0 220	<u></u>	Permanent, Tempo	-		6 11:	9CHOOL	BLD6.
	must be c	orrec	ted by th	e next ro	outine inspect	ted below identify tion or such shorter cessation of your	period of ting	operation on the me as may	or facilit be speci	ies which fied by the	· · · · · ·
ITEM NO:	1 6 1960 21 1971 (1971)	11 831 .				REMARKS					CORRECT BY:
, .	conti	nue	, <u>.</u>				of a fixer.			7. 4.	DATE
	Clutte	nno	I OF	dassi	nmg 6	ind other o	ireas.			, 11 - L	1
N 4			f	. v	st						
#19.	Obser	ved	bn	Ken	Mo un	IT in the	Cwing	area	near		ጎ
11L * . * .	the	00	un se	10r/	Facult						
·	NOT				D105		FO A	31 T	UE		
	DRIN	101	PAL	D	UE Tr	WATER	LEA	*KAGI	5.		
									15 s 1 16		
	Broken Alc unit sholl be removed.										
· · · · · · · · · · · · · · · · · · ·	ALL Massrooms shall be properly mointained										
	in	Œ	cica			and sonit		undit			
	St. to his	- 5	u 13 - 3-		7		1				,
_1				4	111	ı.	-	214 CD1	1.15	*	, st. ,
亚如	Obs	er v	red .	the	Follow	wing room	is wit	th A	1 C	er Erroria	ク
	ל נַתַּט	۱ <u>.</u> ک	nd;	PI	uperly	working	: Cusing	Envir	งกทุง	ntal	
	A10 (0	85	: <i>[</i> 5	60 %	RH	\sim	Mete	r)	11	activity of
	6/01	0	92	·F	497.	RH			3,	41.7	
· · · · · · · · · · · · · · · · · · ·	A 20	8	85	· =	A STATE OF STATE		-			u. K <u>iliyê kiri ke</u> l	
	A 203 85 F										
	B 2	08	8	6 F		,			÷. ÷.	TO MENT OF A	, ''
						:					e de la company
	A/(Ç (units	87	roll be	r replaced] /repa	ired	to_	,2	A
	PN VI	de	Pr	oper	arak	ition.					:
			*** /	• • • • • • • • • • • • • • • • • • •							
		· ·	1	SCHOOL STATE	1 2.37		nje -			e k	
ψ ττ π		7. 7.42	Print Services			ion(s) and I am awa		rective me	asúres to	be taken.	
	any of the bove, they		_		RECEI	YED BY (Name and Ti	(Prin	ripal) .	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Poča
	ten days		inspecti	on: (01);	DEHT	NSPECTOR (Name and		on			
(02); (2	23); (27);	(31).				INI P B KARAI	1 averas		WI RE	THER	
					<u> </u>		- +7·	Done	110 -		

Romotono M. Burlaza. EHS ASTOWA.

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

28/C

SCHOOL BUILDING INSPECTION REPORT

4 of 5

		SCHOOL BUILDA	ING INDI DOLLOTT AND GATE	
REASO	ON	inspection date	ESTABLISHMENT NAME GEORGE Washington High 9	chool
Regular		INSPECTION TIME	OWNER/OPERATOR	
Follow-up	.0	10:000m 6:00 P.m.	Deportment of Education	
Complaint		TRAVEL TIME	LOCATION	
		HR. MIN.	Mangilau, Guam	AAD, TSZDE
Investigation	. ,	SANITARY PERMIT # 9000 2 2 9 7	The state of the s	AB TYPE
	Based on a	n inspection this day the items list	sted below identify violations in operation or facilities we tion or such shorter period of time as may be specified a cessation of your operations.	which by the
ATEM NO A	Departmen	ranure to comply may result in	REMARKS	CORRECT BY:
الله الله	Obser	red rooms coops	ary hight shields in	- DATE -
サイク		pair Observed	the nurse's office with	
		eading of 3	FT condle using the	
	envir	onmental mete	1.	·
				· · · · · · · · · · · · · · · · · · ·
	Hig		nall be replaced repaire	<u>~</u>
	The	nurses of Fig		
	PT	candle. regvirei	ment.	Selection of the select
	A) dno	unda - 1 uma abser		
#6		restrom.	ved in disrepair in D wing	
	mole	served worped o	ciling tile in Cwing Femo	re
	down 8		a ting of the second of the se	7 7
		ommodes, suf a	losing device, and an entry do	or
	10/		erepair in B-wing 15 Plan	
16.75 mm		restrom.		41
	D) D	wing Female re	stroom is missing scip-	
	dosi	ng device on c	nty door.	
	E) A	oll stall doors	in all restrems were obser	ed
	with	int self-close		
	F) S	ome rest room (Halls were not provided	
	with	n toilet hissue	in Awing and Ploor	
	Femo	ile testrom.		
4.1	A11 0	above violations	shall be addressed.	
				4-1
*******	***		ation(s) and I am aware of the corrective measures to be	такеп.
	-	shall be corrected RECE	A Huses) Ormerful	er freu 1 Griffing Ber
withir	n ten days o	f the inspection: (01);	INSPECTOR (Name and Title)	
(02);	(23); (27); (21)	IND B. JAMANDANG / ANTHONY PLTTE	r
			when I De Mada FAMI STATER.	

28/0

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

5 of 5

SCHOOL BUILDING INSPECTION REPORT

				•					
REAS	ON	/	INSPECTION	DATE 2609	ESTABLISHM George		n Hig	h schoo	, I
Regular		V	INCRECTION	TIME	OWNEDWDE	RATOR			
Follow-up			10:00 0:m		Deport		Edvca	tim	
Complaint		•	TRAVEL TIME		LOCATION	i 190. Eva	n		
Investigatio	n		HR. SANITARY PE	MIN.	Mang	EGORY STATUS (C		ESTAB. TYPE	
Other (Spec	cify)			2297		mporary/Current, Exp		SCHOOL	
	Based on must be c	orrec	ted by the next	routine inspec	ted below ident tion or such sho cessation of yo	ify violations in operator period of time appropriate our operations.	eration or facili as may be spec	ties which ified by the	
ITEM NO.					REMARKS			C	CORRECT BY:
									DATE
	"B"	<i></i>		# 046	<u> </u>	removed			
	11011	<u>' pl</u>	acord 1	# 0380	7 was	posted			
				· · · · · · · · · · · · · · · · · · ·		<u>, </u>			
	A1	1	VIOLAT		WERE	DISCUSSED	WITH		
	PRI	NC	IPAL	BOGON	A FLO	RES			
			<u> </u>						

						·			

			, 4						
									٠
					······································				
								`	
			· · · · · · · · · · · · · · · · · · ·				······································		
		 	·		*				
									
			×				· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·						
•									-
	T b	- ادم	d vand 1 11		T L (-)	2772 - C.A.	Aluxa and a second	a ha talea-	
*Whe			d understand the owing items ar			aware of the correc	uve measures t	o be taken.	
	-		l be corrected	RECEI	VED BY (Name at	es, Jun	aipal		
	-		inspection: (01); DEH I	NSPECTOR (Narr	re and Title)	7		
(02); ((23); (27);	(31).			///	APANDANG /	ANTHONY	RITTER	
				Dom	-1-n/ AI	Bunlata FII	C Demus	1	



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

GOVERNMENT OF GUAM P. O. BOX 2816 HAGATNA, GUAM 96932



GW HIGH SCHOOL	Date: ///6/09
	7
-	
GEORGE WASHTNGTON HIGH SC	HED L
Name of Establishment	
As a result of this inspection, your establishment received	ved a:
LETTER OF WARNING	(Demerit/Grade Points)
us a written request for re-inspection to inclu- implemented. If we do not receive a written re- inspection after ten (10) Government of Gua ensure that corrective measures have been tal	your establishment's inspection report, you must provide ide a description of the corrective measures that you have inspection request from you, we will conduct a follow-up am working days from the official receipt of this notice to ken. osure of your establishment pursuant to section 21109(b)
□ NOTICE OF CLOSURE	
	(Demerit/Grade Points)
us a written request for re-inspection to inclu implemented. Unlike an establishment who remain closed unless a written request for re-	your establishment's inspection report, you should provide use a description of the corrective measures that you have has received a letter of warning, an establishment shall inspection is made. Under 10GCA §21109(b), you may of Guam working days of the date of this notice.
We look forward to working closely with you as partner further assistance, you can reach us at 735-7215 or (fa	s in promoting health and sanitary practices on Guam. If you need x) 734-5556. Si Yu'us Ma'ase.
	Sincerely,
10-, 1 M D / -	Director J. METER ROBERTO, ACSW Received By: B. There
Issued By: KomTlynn M. Burla Zo	Received By: B. There
Name of Inspector	Establishment Representative

		- TOTAL THE L. L.		DEDADTM	-517 OF D	UBLIC HEALTH AN	D COCIAL CE	SIGOTO		
						DBLIC HEALTH AN DF ENVIRONMENTA		RVICES		
			EATING			TABLISHMENT /		ABLISH	MENT	
		4			INS	PECTION REPO	PRT			
	NOS		GRADE	Inspection		ESTABLISHMENT		/	\	
Regular				11/06/20	09	KING'S RESTAUR	ANT LLC (6W 4164.	SCHUOL)	
Follow-U	-		10	limein	Time Out	OWNER/OPERAT				
Complain Investigat			RATING	io:10	11:10	LINGS RESTAU	RANT LLC	Establishm	ont Type:	
Other:	uon		10011180	Sanitary Pe		. t	AM		ERIA	<u>`</u> ≨
			A			PERMIT STATUS:			mporary	Expired
						operations and facilities				
						nay result in downgrad	ling or permit su	spension. T	o appeal, a v	vritten
#FEM*		ng me	ist be subini	~	MARKS	correction date.			DEMERIT	CORRECT BY
	1.4/	LucC	06/50	Just Can	ALCTON		1.1 716	~		
	1 -					ON THIS DAY	4ND /AE	FOLLOWIAN	·	
	VIO	LATI	ONS WER	LE OBSER	VED.					
<u> </u>				in:						-
#03	Foc	D.	PRODUCT	TS WERE	BEINE	STORED IN	THE LIGT	Hol Ding		a 10
	573/	2466	110.00	MARITAI	60 /	T A TEAPER		0E 110°	E //	CORLECTE
	1 / 1	V.00	41017	9141111411		A TERVER	AJULE	<u> </u>		
				····		····	· · · · · · · · · · · · · · · · · · ·	·		
	Fw)	Pre	OUCTS SA	ALL BE 1	44INTAI A	ED AT 140'F	OR ABOVE	FOR		
etti j	416	HOT	- HOLDING	6 STORAGE	TEARC	RATURES. 7413	15 TO E	NSURE	FUOD D	RODUES
40 7	10					- URE DANGER		E 21		
# 04	1 .					15 MAINTAIN		D4 075		
7.			7°F.	210121102	UNIT	7° 1(4110 (A(X	vo vooy y ko	<i>V</i> (1)-	2.	CORPECTÉ
	7//		/ ··	Total					4	
			11.6						-	
	410	- F.	ACICITIE	S SHALL	MAINTA	UN FEOD PROBLE	1B AT T	HE REC	RUILED	
			RATURE							
		//					***************************************		17	
# 15-3	K									
113/0	1					COCATED N			12	
	SE	LVI	n6 LINE	AND E	FOOD PR	EPARATION TA	OLE ARE	IN	\sim	
			AIR.						A	CORRECTE
	А	11	EQUIPME	AT SUNIC	BE MA	INTAINED IN	Kan O A EPAI	0		
			PKING O		17- 7-011	WITINED 110	0000 1001111	C		-
	77 10,9	, wc	reamo (KU EIZ.						_ ·
12										
				···						
) and I am aware	of the correct	ive measu	res that I r	nust take.
				ollowing ite		Received By (Name	& Title):	NMI- AM	1 Anatr	DIT LIMITAN A
cited a			-	corrected	within	Haria Chasa	WALPE	reversity !	w plonk	us monthsouth
(1): (2)			of this ins	•	0 (45)	DEH Inspector (Nar	ne & Title):	Ü		
(1), (3),	(11),	(HZ)	, (27), (28)	, (30), (41)	& (45).	Deren mit	clear & 45 -	<u> </u>	116	

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT INSPECTION REPORT

			EATING	i & DRINF		ABLISHMENT / FOOL PECTION REPORT) ES 1.	ABLISHR	RENI	
REA	200		GRADE	Inspection		ESTABLISHMENT NAME:				
Regular		<u> </u>	GIVADL					Cw his is co	(ileas)	
Follow-Up				Time In	Time Out	VINGS RESTAURANT LO OWNER/OPERATOR:	< <u>C</u> (34 4164 30	-HOOL]	
Complaint			10			KINGS RESTAURANT	210			
Investigat			RATING	10.20	11:10	LOCATION:	Y	Establishm	ent Type:	
Other:				Sanitary Pe		MANGICAO GUAM		CAFETE	• •	
			A	20000-	9600 Za 86	PERMIT STATUS:	∨alid			Expired
The followi	ng ite	ems id	entify violation			operations and facilities which				
or sooner,	as th	e Depa	artment indic	ates. Non-co	ompliance m	nay result in downgrading or pe	ermit su	spension. T	o <mark>appeal, a w</mark>	ritten .
	hear	ing mu	ıst be submi			correction date.				·
ITEM*				RE	MARKS				PEMERIT	CORRECT BY
#39	_				·	M SELF-CLOSING DE		<u> </u>		
	20	No	T Alloh	/ THE	DOORS (MEST NOWAS) TO CL	USE			
مانخ	TA	OROU	16464. M	ALE RES	TROOM	DOES NOT HAVE AN	V PA	PER TOW.	565.	
2						,	•		71	· · · · · · · · · · · · · · · · · · ·
	P	ESTA	100 000 P	S SHALL	Close	PROPERLY AND	DAPE	A TOWA	565 9	
	i					TO PREVENT			1	
	l					ECTORS AND OTHE.			The state of the s	
					7		,			
#35	01	3561	LUED TI	HE PRE	SENCE	OF FLIES AV	vV O	47 ER		
			4			E OF THE CAFETE				
		• •	1.5			TO THE KITCHEN		R0464		
				NE ARE					/1	
				*				-	4	
	ALC	- 04	TEK. OP	ENIN6S	SUDIC B	E SEALED, TIGHT	FITTIN	16		
	l					TO PREVENT THE				
	ÖF	ins	ECTS AN	ID PESTO	τ,		,			,
#37	01	BSEI	EVED G	sicin 6	7165	IN DINING AREA	0F		<u> </u>	
	C	FE	ERIA	SHOW IN	6 SIGNS	OF LEAKAGE, OBS	ERVI	ED.	4	
	131	ARE	was in	1 THE	WINDOW	LOCATED IN THE KI	TCHER	AREA		
	.A/	10 0	CURTAINS	LOCATE,	DINT	HE BACK BOOK OF	THE	KITCHE	n	
	AN	<u>) </u>	NTRANCE	OF TH	E CHET	ENIA ARE NOT WO	okkin	16. OB	SERVED	
						CAFETELLA ENTRANCE		1	1	MINED
	ad a	nd ur	derstand	the above	violation(s) and I am aware of the o				
			-	ollowing ite	į.	Received By (Name & Title	PPI XV	Modulton	ा क्राम्बन	CHUNKELER
CILECTS			ey snall be of this in:	corrected spection:		DEH Inspector (Name & Til		~ = Jung V	, locaret	M LANGE L
(1), (3),		_), (30), (41	i	Derien 4 tolen Exis-	. ´			

	·. //1/02, DE					rage_	0;
			DEPARTMENT OF P	UBLIC HEALTH AND SOCIAL SER	VICES		
-		F7 A GP 1 1 4		OF ENVIRONMENTAL HEALTH			
		EATING		TABLISHMENT / FOOD ESTA	BLISH	MENT	
	2001	IODADE -	.,	SPECTION REPORT	42-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
·····	SON	GRADE	Inspection Date:	ESTABLISHMENT NAME:	1, 6	111/ L. C	24001
Regular Follow-Up	, + -	-	Time In Time Out	CINGS RESTAURANT CO	-C (6	W 1164 31	CHOOL)
Complaint		(0	1	14.100 1 100 1 -1			
Investigat		RATING	10. 20 11:10	LOCATION:		ent Type:	
Other:		1	Sanitary Permit No.:	MANGILAD GAM	CAFET	EN14	
		H	20000- 9000 kgs	PERMIT STATUS: Valid	Ter	nporary _	Expired
			ons found this day in the	operations and facilities which must be	corrected b	y the next in	
				may result in downgrading or permit susp	pension. T	o appeal, a v	vritten
ITEM*	nearing m	ust de subm	itted before the indicated REMARKS	correction date.		DEMERIT	CORRECT BY
	Rus	hunn's C				DENVER	OCKAZOT D.
	1		·	, 464T IN COLOR AND			
`	FASILY	CLEAN	ABLE. CEILING	TILES SHALL BE IN GOL	D)		
	REPAIR	. A/C	VENTS LOCA	TED IN THE CAFETERIA	4		
	1 .			CUAULATION OF DAST			
	i			WITH THEIR ALTERS.			
	74400	W2 (C)	THINK D ALL ING	WITH THEIR PICTURE	/		
	4 /	-					
				THE OUTSIDE OF THE E			
,	AS W	ELL AS	THE KITCHEN E	XIT HAVE AN ACCUMU	LATION	,	
	C 11 1			E UNITS AS WELL AS	1		
	THROUG	HOUT T	HE WENTS ALL	A/C CHRTAINS SWALL	_		
	_	EPLACED					
	10	- P 44 C	<u> </u>				<u>:</u>
	11.00						
# 38	01336	RUED	CIGHT SHIECD	S IN DISREPAIR IN TO	LE	7	
,				IS WELL AS THE CAFET		1	COKLOG TEI
	DrING			;			
	2 /	1110,077					
	1//	111150	unc/> (Cun:	0			
	_	,		BE IN GOOD REPAIR TO			
	PREVER	VT ANY	FAILING 6455	FROM FALLING ONTO F	000		
	AW F	DOD CONT	ACT SULFACES O	F EQUIPMENT AND UTEN	vsies		
				,			
	"A" DIA	LIAAA 113	OTHY REMAND POS	763		- 1	
	1.1 110	INTELL NO.	Citing 4017 141 AD POT	150			
	A.=.						
	DIS (US)	EDALL VIO	KATTUN WITH M	ANA LEON GUERRELO, DISTRICT	MAW	16ER	
	au and ur	iderstand	the above violation	s) and I am aware of the correctiv	e measu	res that I n	nust take.
			ollowing items are	Received By (Name & Title):	, A M	Dark	1 House
		•	corrected within	Received By (Name & Title): HARIA LON GURPLEY ONA DEH Inspector (Name & Title):	rastruff	w DUTY	nct manager
	-	s of this in	•				J
$(1), (3), \dots$	(11), (12)), (27), (28), (30), (41) & (45).	Deren Mitalia E HS-	++		



NOTE:

the assigned GEPA staff.

GUAM ENVIRONMENTAL PROTECTION AGENCY



AHENSIAN PRUTEKSION LINA' LA GUAHAN

P.O. BOX 22439 GMF • BARRIGADA GUAM 96921 • TEL: 475-1658/9 • FAX: 477-9402

GEPA ONE STOP PERMIT SECTION

Inspection Schedule

Owner: CECROE XIAG-ING EN JICH SCHOOLGEPA Permit No CANTER A LICENSE OF THE PERMIT NO
Confractor: Project Type: Project Type:
Location and Lot No. 144 CLAO
Schedule Date: 11-06-09 Scheduled Time: 0.30 AW Date Requested: 11-06-09
Donottie Date.
Check the type of work requiring inspection:
() On-Site Drainage System () Grease Interceptor () Sewage Treatment Plant () Septic Tank / Leaching Field () Site / Ocular Inspection () Clearing and Grading () OTHERS OLD WASTE () Stockpiling () Backfilling
REMARKS: Explain clearly the type of work that requires inspection.
NEED TO LETITUDED CHEATED OLD BROKEN FRIENTINES TIPES AND
NEED OF THE PERSON OF THE PARTY
TRAGIES GROCEPLING NEXT TO TRASH BING AND TRASH BAGS
SCATTERED VEXT TO EMPTIED TRASH BINS
2. NEED TO DEPOSED DISPOSED DISPOSED DISPOSED THE GREATURG OF DIED
VEGITATION LOWIED NEAR THE FENCE WAT CAME DELININ ROOMS-10
3. DEDICATE STOPEDILING OF TRACH POBRAGEN ACUNIT LOCATED PEHIND ROMG-10, Inspector's Name (Print):
INSPECTION: and
(DATE) (TIME)
Received by: Clurateats.
R.M.E. of Contractor / Owner
PRINCIPAL
Address and Telephone No.
Certification of GEPA Official:
I certify that all work / / has been done / / has not been done in compliance with GEPA Rules and Regulations:
with the approved plans and specifications and with the Building Law of the Government of Guam.
() APPROVED () DISAPPROVED
GEPA Official Date
INSTRUCTIONS: This form is to be prepared in three (3) copies at the Building Permit One Stop Center, at least seventy-two (72) hours in advance.
DISTRIBUTION:
DISTRIBUTION:
 GEPA One-Stop Permit Center Copy (White) GEPA WPC Inspector Copy (Yellow) Contractor / Owner's Copy (Pink)

Provide (drawing or sketch) location map on the back sheet of the white copy. This is not valid unless pertinent inspection reports are attached in the white and yellow copy, and duly signed by



NOTE:

the assigned GEPA staff.

GUAM ENVIRONMENTAL PROTECTION AGENCY



AHENSIAN PRUTEKSION LINA' LA GUAHAN

P.O. BOX 22439 GMF • BARRIGADA GUAM 96921 • TEL: 475-1658/9 • FAX: 477-9402

GEPA ONE STOP PERMIT SECTION

Inspection Schedule

Owner: GORGE WASHINGTON HIG Contractor:	H SCHOOL GEPA Permit No.	
Contractor:	Project Type: OPSS HEALTH DO SAFETY INSP.	
Location and Lot No.		
Location and Lot No. Schedule Date: I-Qo Of Scheduled	d Time: Date Requested: 11-06-09	
Check the type of work requiring inspection:		
 On-Site Drainage System Septic Tank / Leaching Field OTHERS 	() Grease Interceptor () Sewage Treatment Plant () Site / Ocular Inspection () Clearing and Grading () Stockpiling () Backfilling	
REMARKS: Explain clearly the type of work that 1.NFED TO INSTALL 1/2"SCIZED LOCATED NEAR FROM BITTLES PORTED LOCATED NEAR FROM DIOD, INSTALL STREET LOCATED	EN UNDER NEATH STELL GRATING TO DRAINAGE IN IND ROOM BITT, REPLACE OF REEN LOCATED NEAR	LET
Inchestaria Nama (Brint):	\mathcal{A}_{i}	
Inspector's Name (Print):		
(DATE)	and (TIME)	
` '		
	located by carebook	
	R.M.E. of Contractor / Owner	
,	PRINCIPAL	
· '		
Certification of GEPA Official:	Address and Telephone No.	g (a)
	s not been done in compliance with GEPA Rules and Regulations: ith the Building Law of the Government of Guam.	
	() APPROVED () DISAPPROVED	
GEPA Official D	Date () MITRO () DISMITED ()	
INSTRUCTIONS:	at the Building Permit One Stop Center, at least seventy-two (72)	
DISTRIBUTION:		
 GEPA One-Stop Permit Center Copy (White GEPA WPC Inspector Copy (Yellow) Contractor / Owner's Copy (Pink) 	e)	

Provide (drawing or sketch) location map on the back sheet of the white copy. This is not valid unless pertinent inspection reports are attached in the white and yellow copy, and duly signed by



the assigned GEPA staff.

GUAM ENVIRONMENTAL PROTECTION AGENO



AHENSIAN PRUTEKSION LINA' LA GUAHAN

P.O. BOX 22439 GMF • BARRIGADA GUAM 96921 • TEL: 475-1658/9 • FAX: 477-9402 475-5006

GEPA ONE STOP PERMIT SECTION

Inspection Schedule

Owner: _GRGE	IL MODIFIEM I	at sation	GEPA Permit No		00000
Contractor:			Project Type: 🕰	S SAFETY 1	MHETTO
Location and Lot No.	MANGILAO				
Schedule Date:	26-09 Schedu	led Time:	Date Requ	ested: 11-06-0	<u>21 </u>
<u> </u>	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•			
Check the type of wor	k requiring inspection:			\ \	•
		() Stockpiling	on. REVICE / QIM	<u> </u>	*
THE OREX	E TRAP, PRO	VIDE ISECA	IDARY BONTA	IN MENT TOP	<u>- THE</u>
<u> </u>	WINDR/	4	N - JE	· L	
Inspector's Name (PrintINSPECTION:	it):	and an	10:	(年1) "当1m(1) " 3 /	32035-k
	(DATE)	4 6 11	1001 4	(TIME)	11/2
		Rocceived 6	se JUBUA Can	KI BUCH	6/09
			R.M.E. of	Contractor / Ówn	er
			Address a	and Telephone No.	<u> </u>
Certification of GEPA	A Official:		À	· · · · · · · · · · · · · · · · · · ·	
	/ has been done / / has and specifications and				lations:
		() APPROVED	() DISAPP	ROVED
GEPA Offici	al	Date	,		
T310000 71000 0 5 10			1	ů.	
INSTRUCTIONS:			1		
hours in advance.	epared in three (3) copie	es at the Building P	ermit One Stop Cen	ter, at least sevent	.y-two (72)
DISTRIBUTION:					
 GEPA One-Stop Po GEPA WPC Inspector Contractor / Owner 	- · · · ·	ite)			
NOTE:	Provide (drawing or sketch) location map on the back sheet of the white copy. This is not valid unless pertinent inspection reports are attached in the white and yellow copy, and duly signed by				