

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

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	✓	✓	30	10 / 28 / 2015	BASIL FOOD SERVICE
Follow-up				TIME IN	TIME OUT
Complaint			RATING	6:45 am	11:25 am
Investigation			C	SANITARY PERMIT NO.	LOCATION (Address)
Other:				15000 3122	LOT 1454-1-2-NEW / 239-7-1 WEST O'BRIEN DRIVE, HAGATNA
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
CATERING			8	415-8888	5
					No. of Repeat Risk Factor/Intervention Violations
					4

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 type="radio"/> OUT			6
Person in charge present, demonstrates knowledge, and performance duties				
Employee Health				
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Management awareness; policy present				
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Proper use of reporting, restriction & exclusion				
Good Hygienic Practices				
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use				
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands				
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Hands clean and properly washed				
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Adequate handwashing facilities supplied & accessible				
Approved Source				
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Food obtained from approved source				
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Food received at proper temperature				
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Food in good condition, safe, and unadulterated				
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Required records available: shellstock tags, parasite destruction				
Protection from Contamination				
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A			6
Food separated and protected				
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A			6
Food contact surfaces: cleaned & sanitized				
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food				
Potentially Hazardous Food (TCS Food)				
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Proper cooking time and temperatures				
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Proper reheating procedures for hot holding				
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Proper cooling time and temperature				
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Proper hot holding temperatures				
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A			6
Proper cold holding temperatures				
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O			6
Proper date marking and disposition				
Consumer Advisory				
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
Consumer Advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A			6
Pasteurized Foods used; prohibited foods not offered				
Chemical				
24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
Food additives: approved and properly used				
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Toxic substances properly identified, stored, used				
Conformance with Approved Procedures				
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT 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	<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 checked="" type="checkbox"/>	X		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 checked="" type="checkbox"/>	X		1
Wiping cloths: properly used and stored				
39	<input type="checkbox"/>			1
Washing fruits and vegetables				
Proper Use of Utensils				
40	<input type="checkbox"/>			1
In-use utensils: properly stored				
41	<input checked="" 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 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 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 checked="" type="checkbox"/>			1
Physical facilities installed, maintained, and clean				
53	<input type="checkbox"/>			1
Adequate ventilation and lighting; designated areas use				

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) <i>Betty Delacruz</i>	Date: <i>10-28-15</i>
DEH Inspector (Print and Sign) <i>K. DELMUNDO FOR / K. DUENAS / J. CRUZ FOR</i>	Follow-up (Circle one): <input checked="" type="radio"/> YES <input type="radio"/> NO Follow-up Date: <i>11/7/15</i>

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

ESTABLISHMENT NAME BASIL FOOD SERVICE		LOCATION (Address) HAGATNA
INSPECTION DATE 10 / 28 / 15	SANITARY PERMIT NO. 15000 3/22	PERMIT HOLDER BASIL FOOD INDUSTRIAL SERVICES CORP.

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
COOKED SQUASH	184.8		
COOKED CHICKEN CURRY	212.3		
CUT CABBAGE BATCH #1	51.8		
CUT CABBAGE BATCH #2	69.0		
CUT CABBAGE BATCH #3	57.0		
CUT CABBAGE BATCH #4	56.3		
CUT CABBAGE BATCH #5	70.7		
COOKED WHITE RICE	196.3		
COOKED BEEF	180.5		

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.

	CONDUCTED A REGULAR INSPECTION ON THIS DAY AND THE FOLLOWING WAS OBSERVED:	
#6	OBSERVED EMPLOYEES CHANGING TASKS (HANDLING RAW PRODUCTS, HANDLING TRASH, AND HANDLING PAPER TOWELS, AND READY TO EAT FOOD) WITHOUT PROPER HAND WASHING. HANDS SHALL BE PROPERLY WASHED AFTER CHANGING TASKS AND BEFORE PUTTING ON NEW GLOVES TO PREVENT CROSS-CONTAMINATION.	11/7/15
#13	OBSERVED CUT CABBAGE AND FRUIT CUPS STORED NEXT TO RAW MEAT IN THE WALK-IN CHILL UNIT. ALL FOOD SHALL BE PROTECTED AND SEPARATED FROM RAW TO READY-TO-EAT FOOD IN ORDER TO PREVENT CONTAMINATION.	11/7/15
#20	OBSERVED CUT CABBAGE IN BATCHES STORED IN ROOM TEMPERATURE THROUGHOUT THE ENTIRE INSPECTION. ALL FOOD SHALL BE KEPT AT THE PROPER COLD HOLDING TEMPERATURE AT 41°F OR BELOW TO PREVENT PATHOGEN GROWTH.	11/7/15

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 further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) Betty Dela Cruz	Date: 10-28-15
DEH Inspector (Print and Sign) K. DELMUNDO / K. DUENAS / J. CRUZ	Date: 10/28/15

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

ESTABLISHMENT NAME BASIL FOOD SERVICE	LOCATION (Address) HAGATNA
INSPECTION DATE 10 / 28 / 15	SANITARY PERMIT NO. 150003122
	PERMIT HOLDER BASIL FOOD INDUSTRIAL SERVICES CORP.

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.

#21	OBSERVED BEEF PRODUCT COOKED ON MONDAY (10/26/15) TO BE SERVED TODAY WITHOUT PROPER DATE MARKING. READY-TO-EAT FOOD STORED FOR MORE THAN 24 HOURS SHALL BE DATE MARKED TO ENSURE TIMELY DISPOSITION.	11/7/15
#26	ESTABLISHMENT NOT COMPLYING WITH THE APPROVED CERTIFIED HACCP PLAN. IN TERMS OF PROPER MONITORING AND VERIFICATION AND RECORD KEEPING. THE FOLLOWING LOGS WERE EITHER INCOMPLETE OR MISSING: THERMOMETER CALIBRATION, COOKING, PREPARATION, DAMAGED AND DISCARDED PRODUCT LOG, HOT AND COLD HOLDING TEMPERATURES AND CLEANING AND SANITIZING LOG. ESTABLISHMENT MUST BE IN COMPLIANCE WITH THE APPROVED HACCP PLAN.	11/7/15
#32	OBSERVED RAW MEAT PRODUCTS THAWED OUT AT ROOM TEMPERATURE. ALL FOOD SHALL BE PROPERLY THAWED TO MINIMIZE THE GROWTH OF PATHOGENS.	COS
#35	OBSERVED EVIDENCE OF ROACHES IN THE DRY STORAGE AREA AND OBSERVED OUTER OPENINGS AT SIDE DOOR OF ESTABLISHMENT. PROPER INTEGRATED PEST MANAGEMENT SHALL BE IMPLEMENTED TO MONITOR AND CONTROL PESTS/VECTORS. ALSO, ALL OUTER OPENINGS SHALL BE SEALED TO PREVENT THE ENTRANCE OF PESTS/VECTORS.	11/27/15
#38	OBSERVED WIPING CLOTHS STORED DIRECTLY ON PREPARATION TABLES. ALL WIPING CLOTHS SHALL BE PROPERLY STORED IN SANITIZING SOLUTION WHEN NOT IN USE.	COS

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 further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person In Charge (Print and Sign) <i>Betty Dala Cruz, Betty Cruz</i>	Date: 10-28-15
DEH Inspector (Print and Sign) <i>R. DEL MUNDO FOR K. PUENTES / J. CRUZ</i>	Date: 10/28/15

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

ESTABLISHMENT NAME BASIL FOOD SERVICE		LOCATION (Address) HAGATNA
INSPECTION DATE 10, 28, 15	SANITARY PERMIT NO. 150003122	PERMIT HOLDER BASIL FOOD INDUSTRIAL SERVICES CORP.

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.

#41	OBSERVED EQUIPMENT AND UTENSILS STORED NEXT TO OR UNDER - NEATH EMPLOYEE PERSONAL ITEMS. ALL EQUIPMENT AND UTENSILS SHALL BE PROPERLY STORED IN ORDER TO PREVENT CONTAMINATION.	11/27/15
#44	OBSERVED CRACKED AND DAMAGED CONTAINERS STORING RAW MEAT IN CHILL UNIT, OBSERVED WOODEN CHOP STICKS BEING RE-USED AND ALSO OBSERVED BARE-WOOD BEING USED WITH A KNIFE SHARPENER AT THE HANDWASHING SINK ALL FOOD AND NON FOOD CONTACT SURFACES SHALL PROPERLY DESIGNED, CONSTRUCTED, AND USED.	11/27/15
#45	THE TEST STRIPS BEING UTILIZED WERE NOT WORKING, (i.e. DID NOT CHANGE COLORS IN DIFFERENT DILUTED SOLUTIONS) ALL SANITIZING TEST STRIPS SHALL BE IN GOOD WORKING CONDITION TO ENSURE SANITIZING SOLUTION IS PROPERLY DILUTED.	11/27/15
#52	OBSERVED DRY STORAGE TO HAVE BUILD UP OF DUST, DIRT, FOOD PARTICLES AND EVIDENCE OF ROACHES. THE PHYSICAL FACILITY SHALL BE PROPERLY CLEANED AND MAINTAINED.	11/27/15
	NOTE: OBSERVED SOME HOSE BIBBS THAT WERE UNUSED LACKING BACK FLOW PREVENTION DEVICES. INFORMED PIC OF REQUIREMENT BEFORE USING HOSE BIBBS. PHOTOS WERE TAKEN OF ALL VIOLATIONS STATED ABOVE. REMOVED "A" PLACARD NO. 01962 AND POSTED "C" PLACARD NO. 01030 BRIEFED BETTY DELA CRUZ ON THE ABOVE VIOLATIONS.	

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 further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) Betty Dela Cruz	Date: 10-28-15
DEH Inspector (Print and Sign) K. DEL MUNDO FOR K. QUENASIA J. CRUZ	Date: 10/28/15



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

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



Date: 10/28/15

BASIL FOOD SERVICE

Name of Establishment

As a result of this inspection, your establishment received a:

LETTER OF WARNING

36/C

(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) Government of Guam working 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

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you should 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 10GCA §21109(b), you may request a hearing within five (5) Government of Guam working days of the date of this notice.

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 735-7215 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely,

Director [Signature] JAMES W. DILLAN

Issued By: [Signature] / [Signature] / [Signature]
Name of Inspector

Received By: [Signature]
Establishment Representative