



5 & 45 Days Notices

Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations



Government of the District of Columbia
 Department of Health
 Health Care Regulation & Licensing Administration
 Food Safety & Hygiene Inspections Services Division
 51 N Street, NE, Washington, DC 20002
 (202) 535-2180

	CRITICAL	NON CRITICAL
No. of Violations	2 3	5
No. of Repeat Violations	—	—
COS Score (optional)	1	0

Page 1 of 2
 Date 2/16/2007
 Time In 9:50AM
 Time Out 10:35AM

Establishment Name
Adams Elementary School
Address 2020 19th Street, NW
Washington, DC 20009
Telephone 202-671-0354

License Holder
Food Services Branch
License/Customer No.
0000XXXX-5005476 exp. 4/30/2008
Certified Food Manager
None
Certified Food Manager Identification Card No.

 ID Card Available Yes No

Type of Inspection:
 Preoperational
 Follow-up
 Complaint generated
 Routine
 HACCP
 Other

Establishment Type:
 Food Service
 Food Market
 Wholesaler/ Food Processor
Public Sch. Cafeteria

Risk Category:
 High
 Medium
 Low

CRITICAL ITEMS * (RISK FACTORS AND INTERVENTIONS)

The letter to the left of each item indicates that item's status at the inspection.

In Compliance	Demonstration of Knowledge	COS	R
(Y) N	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health			
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
(Y) N	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
(Y) N	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	6. Bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Hand washing facilities	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
(Y) N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
Y N N/A	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
(Y) N N/A	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
(Y) N N/A	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
(Y) N N/A	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
Chemical, Poisonous or Toxic Materials			
(Y) N N/A	26. Additives / approved, unapproved	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	27. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			
Y N N/A	28. Compliance with variance and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>

R = repeat violation Y = yes, in compliance N = no, not in compliance
 COS = corrected on-site N/O = not observed N/A = not applicable

* VIOLATION OF SIX (6) OR MORE CRITICAL ITEMS THAT CANNOT BE CORRECTED ON SITE DURING THE COURSE OF THE INSPECTION RESULTS IN AUTOMATIC SUSPENSION & CLOSURE OF FOOD ESTABLISHMENT

ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken Pot Pie	41°F	Bagel & Cream Cheese	42°F	Waffle & Sausage	43°F	Egg Biscuit Sandwich	35°F
Refrigerator (#R3)	39°F	Milk	35°F	Fruit Cup (Pear)	38°F		
Hot Water	110°F	Chocolate Milk	40°F	Refrigerator	36°F		

NONCRITICAL ITEMS GOOD RETAIL PRACTICES

		COS	R			COS	R			COS	R
<input type="checkbox"/>	Food and non-food contact surfaces — Constructed, cleanable, usage <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food cooking <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage of equipment, utensil, linens, & single-service / single-use articles <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Liquid waste disposal <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities <i>No</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Unnecessary exposure of utility lines <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse disposal <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized processing methods <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Equipment for temperature control <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils/ in-use <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Personal cleanliness <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	Food labeled/ condition <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>				

OBSERVATIONS	CORRECTIVE ACTIONS
Critical Items	
No certified food protection manager on duty	25DCMR 203 : 5 Days to correct
Food not stored 6(Six) inches above refrigerator floor	25DCMR 816 : Corrected on site
Water has brown tint when initially turned on	25DCMR 2303: Ensure potable (safe) water supply
Non-Critical Items	45 DAYS to correct
Temperature logs not up to date	Keep temperature log up to date
Paint peeling from walls and floors; holes in walls	25DCMR 3200: Repair the walls and floors paying special attention to holes in wall
Old inoperable equipment stored on premises	25DCMR 3213: Remove all unnecessary items from the premises
Water from faucets has a brown tint when initially turned on	25DCMR 2303: Ensure potable (safe) water supply in the facility
Plumbing pipes need to be serviced	25DCMR 2418: Replace plumbing pipes
Mineral accumulation in 2-compartment sink	25DCMR 1900: Scrub and sanitize the 2-compartment sink.
If you have any questions, please contact Mr. Ronnie Taylor, Area Supervisor, at 202-535-2183	

Person-in-Charge (Signature) *Mary Shields* (Print) *MARY Shields* Date *2-16-07*

Inspector (Signature) *Ivory Gene Cooper* (Print) *Ivory Gene Cooper* Badge # *650* Date *2/16/2007*

