



45 Days Notice 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	1	1
No. of Repeat Violations	—	—
COS Score (optional)	1	0

Page 1 of 2
Date 2/27/2007
Time In 9:56 AM
Time Out 10:32 AM

Establishment Name Aiton Elementary School
Address 534 42th Place, NE
Washington, DC 20019
Telephone 202-724-4528

License Holder Food service Branch
License/Customer No. 00000000-50005477 exp. 4/30/2008
Certified Food Manager Gail M. Tavener
Certified Food Manager Identification Card No. 27200 exp. 6/2/2009
ID Card Available Yes No

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

Establishment Type:
 Food Service 112A Wholesaler/ Food
 Food Market Processor

Risk Category: Public Sch. Cateeteris
 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 <u>N/A</u>	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 <u>N/O</u>	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
(Y) N <u>N/A</u>	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u>	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u>	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u>	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/O N/A	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> N/A	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O <u>N/A</u>	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
(Y) N <u>N/A</u>	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
(Y) N N/O N/A	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
Chemical, Poisonous or Toxic Materials			
(Y) N <u>N/A</u>	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 <u>N/A</u>	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
Hot Water	131°F	Strawberry Yogurt	37°F	Refrigerator (R1)	37°F		
Refrigerator (R2)	37°F	Diced Pineapple Cup	28°F	Chocolate Milk	39°F		
Freezer	4°F	Egg Biscuit Sandwich	32°F	Milk	38°F		

		COS	R			COS	R			COS	R
<input type="checkbox"/>	Food and non-food contact surfaces — Constructed, cleanable, usage	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Plant food cooking	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Storage of equipment, utensil, linens, & single-service / single-use articles	Yes	<input type="checkbox"/>
<input type="checkbox"/>	Liquid waste disposal	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities	Yes	<input type="checkbox"/>
<input type="checkbox"/>	Unnecessary exposure of utility lines	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse disposal	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Specialized processing methods	N/A	<input type="checkbox"/>
<input type="checkbox"/>	Equipment for temperature control	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils/ in-use	N/D	<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>
<input type="checkbox"/>	Personal cleanliness	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers	Yes	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Food labeled/ condition	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths	Yes	<input type="checkbox"/>	<input type="checkbox"/>			

OBSERVATIONS	CORRECTIVE ACTIONS
<p>Critical Item Food in refrigerator improperly stored (cracks are less than 6 inches high)</p>	<p>5 DAYS to correct 25 DCMR 816 Elevate all food at least 6 (six) inches above the floor. Corrected on site.</p>
<p>Non-Critical Item Temp Temperature logs not up-to-date (last entry 2/17/2007)</p>	<p>45 DAYS to correct Keep temperature logs up-to-date</p>
<p>If you have any questions, please contact Mr. Ronnie Taylor, Area Supervisor, at 202-535-2123.</p>	

Person-in-Charge (Signature) *Jail M. Tausner* (Print) Jail M. Tausner Date 2/27/07

Inspector (Signature) *Ivory Gene Cooper* (Print) Ivory Gene Cooper (Badge # 650) Date 2/27/2007

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Environmental Health Administration
 Bureau of Community Hygiene
 Food Protection Division
 51 N Street, N.E. Washington, DC 20002
 (202) 535-2180

	CRITICAL	NON CRITICAL
No. of Violations	0	0
No. of Repeat Violations		
Score (optional)		

Page 1 of 2
 Date 11/22/06
 Time In _____
 Time Out _____

Establishment Name: Aidan ES
 Address: 633 48th Pl NE
 Telephone: 202-724-5200

License Holder: Food Service Branch
 License/Customer No.: 00000000-50005477
 Certified Food Manager: Gail Taylor
 Certified Food Manager Identification Card No.: 27200
 ID Card Available: Yes No

Type of Inspection:
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 Food Market
 Wholesaler/ Food Processor

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