



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	0	2
No. of Repeat Violations		2
Score (optional)		

Page 1 of 2
Date 1/8/07
Time In _____
Time Out _____

Establishment Name
Beers ED
Address 3600 Alabama Ave SE
Telephone 2) 445-3245

License Holder
Food Service Branch
License/Customer No. 50005480
Certified Food Manager
Sylvia Burkin
Certified Food Manager Identification Card No. 27163
ID Card Available Yes No

Type of Inspection:
 Preoperational
 Follow-up
 Complaint generated
 Routine
 HACCP
 Other
Establishment Type: 12A
 Food Service
 Food Market
 Wholesaler/ Food Processor
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 <u>N/O</u>	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health			
Y N <u>N/O</u>	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
Y N <u>N/O</u>	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	4. Discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
Y N <u>N/O</u>	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	6. Bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	7. Hand washing facilities	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
Y N <u>N/O</u>	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 <u>N/O</u>	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
Y N <u>N/O</u>	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</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 <u>N/O</u>	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 <u>N/O</u>	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

**NONCRITICAL ITEMS
GOOD RETAIL PRACTICES**

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

OBSERVATIONS	CORRECTIVE ACTIONS
- Hot water is available at handsink.	- abated
- Light is working in walk-in	- abated
- Repair ceiling as cited	- pending
11/20/06 & 11/14/06	
- Repair ceiling light cover as cited	- pending
11/20/06 & 11/14/06	
	* 5 Day Notice
	Abated, 45 Day
	Notice Pending

Person-in-Charge (Signature) *Barbara Lightfoot* (Print) _____ Date *1-8-07*

Inspector (Signature) *[Signature]* (Print) *Arian Gibson* Badge # *61* Date *1/8/07*

Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations

5 Day Notice No Change 45 Days

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	2
No. of Repeat Violations	1	0
Score (optional)	100	100

Page 1 of 2
Date 11-20-06
Time In _____
Time Out _____

Establishment Name Bears ELEM School
Address 3600 Alabama Ave SE
Telephone 645-3245

License Holder Food Service Bank
License/Customer No. 50005478
Certified Food Manager Sylvia Burton
Certified Food Manager Identification Card No. 27163
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
 Low

Risk Category: 112A
 High
 Medium
 Low

No Food Prepared

CRITICAL ITEMS * (RISK FACTORS AND INTERVENTIONS)

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

	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. Handwashing 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	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	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"/>

	Potentially Hazardous Food Time / Temperature	COS	R
Y N N/A 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 N/O 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 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/O 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

