



5845 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	1	3
No. of Repeat Violations	—	—
COS Score (optional)	0	0

Page 1 of 2
Date 3/6/2007
Time In 8:45AM
Time Out 9:20AM

202-535-1359 Fax

Establishment Name Bowen Elementary School
Address 1200 Delaware Avenue, SW
Washington, DC 20024

License Holder Food Services Branch
License/Customer No. 00000XXX-50005491 exp. 4/30/2007
Certified Food Manager Janice Baker

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

Telephone 202-724-2349

Certified Food Manager Identification Card No. ServSafe Exam 8/19/2005
ID Card Available Yes No

Establishment Type:
 Food Service 12A
 Food Market
 Wholesaler/ Food Processor

Risk Category: Public Sch. Cafeteria
 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"/>
(Y) N	Employee Health		
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	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"/>
(Y) N	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"/>
(Y) N	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"/>
(Y) N (N/A)	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 (N/O)	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O)	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O)	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
(M) 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 (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"/>
(Y) N (N/A)	Consumer Advisory		
(Y) N (N/A)	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) N/A	Highly Susceptible Populations		
(Y) N (N/O) N/A	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	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"/>
(Y) N (N/A)	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
Hot Water	116°F	Walk-in Refrigerator	41°F	Croissant/Turkey	38°F	Mixed Fruit Cup	45°F
Freezer	2°F	Strawberry Yogurt	42°F	Milk (Delivery)	38°F	Steak & Cheese (Delivery)	31°F
Reach-in Refrigerator	39°F	Milk	38°F	Chocolate Milk (Delivery)	36°F		

NONCRITICAL ITEMS
GOOD RETAIL PRACTICES

	COS	R		COS	R		COS	R		
<input checked="" type="checkbox"/> Food and non-food contact surfaces - Constructed, cleanable, usage <i>No 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>N/A</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 Item No certified food protection manager ID	5 DAYS to correct 25DCMR 203 Provide a certified food protection manager's ID issued by the DC Dept. of Health
Non-Critical Items Leaking faucet at rear 2-compartment sink Mineral buildup in 2-compartment sinks	45 DAYS to correct 25DCMR 1800 Repair the faucet 25DCMR 1507 Remove the mineral deposits and thoroughly sanitize the sinks.
Temperature logs posted and up-to-date Blown light bulb in the freezer and walk-in refrigerator	25DCMR 2908 Replace the blown light bulbs
Area Supervisor: Mr. Ronnie Taylor 202-535-2183	

Person-in-Charge (Signature) *[Signature]* (Print) *Tawica Baker* Date *3/6/07*

Inspector (Signature) *[Signature]* (Print) *Ivory Gene Cooper* Badge # *650* Date *3/6/2007*

