



# 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	0	2
No. of Repeat Violations	-	-
COS Score (optional)	-	1

Page 1 of 2  
Date 2/13/2007  
Time In 10:30 AM  
Time Out 11:08 AM

Establishment Name  
Brent Elementary School  
Address 300 D Street, SE  
Washington, DC 20003  
Telephone 202-698-3349

License Holder  
Food Service Branch  
License/Customer No.  
00000XXX-50005492 exp. 4/30/2008  
Certified Food Manager  
Shena R. Lewis  
Certified Food Manager Identification Card No.  
14938 exp. 2/30/2010  
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"/>
<b>Employee Health</b>			
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
(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"/>
<b>Control of Hands as a Vehicle of Contamination</b>			
(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"/>
<b>Approved Source</b>			
(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	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Contamination</b>			
(Y) N	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	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"/>

In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
(Y) N	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Consumer Advisory</b>			
(Y) N	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>			
(Y) N	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chemical, Poisonous or Toxic Materials</b>			
(Y) N	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"/>
<b>Conformance with Approved Procedures</b>			
(Y) N	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
Refrigerator	41°F	Milk	42°F				
Freezer	26°F						
Hot Water	112°F						

## NONCRITICAL ITEMS GOOD RETAIL PRACTICES

		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"/>	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 checked="" type="checkbox"/>	Physical facilities	No	<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"/>	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	Yes	<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
Non-Critical Item	45 DAYS to correct
Blown light bulb in walk-in refrigerator	25DCMR 2908: Replace the blown light bulb
* Temperature logs are posted and up to date.	
No handwashing sign in toilet room	25DCMR 3004: Post a handwashing sign at each handwashing sink. Corrected on site
Note: Paper towels dispenser needs to be moved over to the handsink or paper towels must be provided at the handsink.	
If you have any questions, please contact Mr. Ronnie Taylor, Area Supervisor, at 202-535-2183.	

Person-in-Charge (Signature) *Shana Lewis* (Print) *Shana Lewis* Date *2/13/07*

Inspector (Signature) *Ivory Gene Cooper* (Print) *Ivory Gene Cooper* Badge # *650* Date *2/13/2007*

# Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations

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 1/21/06  
 Time In \_\_\_\_\_  
 Time Out \_\_\_\_\_

Establishment Name  
Brent ES  
 Address 300 D ST SE  
 Telephone 202-48-3349

License Holder  
Food Service Branch  
 License/Customer No.  
2000000000-50005492  
 Certified Food Manager  
Sherris Lewis  
 Certified Food Manager Identification Card No.  
14938  
 ID Card Available Yes  No

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

Establishment Type: 1/2A  
 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.

	Demonstration of Knowledge	COS	R
<u>Y</u> N	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
<u>Y</u> N	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<u>Y</u> N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
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<u>Y</u> N	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time / Temperature	COS	R
<u>Y</u> N <u>V/C</u> <u>N/A</u>	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
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	Consumer Advisory		
<u>Y</u> N <u>N/A</u>	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N <u>N/O</u> <u>N/A</u>	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
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## ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
walkin	41.5						
	15						

