



# 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	0
No. of Repeat Violations	—	—
Score (optional)	—	—

Page 1 of 2  
 Date 2/16/2007  
 Time In 11:45AM  
 Time Out 12:21PM

Establishment Name Brightwood Elementary School  
 Address 1300 Nicholson Street, NW  
Washington, DC 20011  
 Telephone 202-722-5670 ext 1104

License Holder Food Services Branch  
 License/Customer No. 00008XXX-50005493 exp. 4/30/2008  
 Certified Food Manager Tracy A. Harrington  
 Certified Food Manager Identification Card No. 27412 exp. 6/9/2009  
 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"/>
(Y) N	<b>Employee Health</b>		
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	<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"/>
(Y) N	<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"/>
(Y) N	<b>Approved Source</b>		
(Y) N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	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	<b>Protection from Contamination</b>		
(Y) N	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/O	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/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	<b>Consumer Advisory</b>		
Y N N/A	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	<b>Highly Susceptible Populations</b>		
(Y) N N/O N/A	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	<b>Chemical, Poisonous or Toxic Materials</b>		
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	<b>Conformance with Approved Procedures</b>		
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
Refrigerator	37°F	Hot Water	143°F	Fruit Cups	38°F	Refrigerator (Mobile)	39°F
Chocolate Milk	37°F	Freezer	28°F	Refrigerator (Mobile)	39°F	Fruit Cup	39°F
Refrigerator	41°F	Walk-in Refrigerator	38°F	Milk	38°F		



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

Page 1 of 2  
 Date 11-16-06  
 Time In \_\_\_\_\_  
 Time Out \_\_\_\_\_

Establishment Name Brightwood E.S.  
 Address 1300 Nicholson Street NW  
Wash, DC  
 Telephone 202 722-5670  
Ext 1101

License Holder Food Service Branch  
 License/Customer No. 50005493  
 Certified Food Manager Tracy Harrington  
 Certified Food Manager Identification Card No. # 27412 exp 6/9/07  
 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

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"/>
(Y) N	Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	Good Hygienic Practices	<input type="checkbox"/>	<input type="checkbox"/>
(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	<input type="checkbox"/>	<input type="checkbox"/>
(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"/>
(Y) N	Approved Source	<input type="checkbox"/>	<input type="checkbox"/>
(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"/>
(Y) N	Protection from Contamination	<input type="checkbox"/>	<input type="checkbox"/>
(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 <u>50 PPM chlorine</u>	<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 <u>Temp log</u>	<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"/>
(Y) N	Consumer Advisory	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	Highly Susceptible Populations	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	Chemical, Poisonous or Toxic Materials	<input type="checkbox"/>	<input type="checkbox"/>
(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"/>
(Y) N	Conformance with Approved Procedures	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	28. Compliance with variance and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>

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### ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot Water	141°F	Reach in	38°F	Walk in	34°F		
Milk Case	41°F	Fish	16°F				
Reach in	35°F	Walk in	5°F				

