



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

Page 1 of 2
Date 2/26/2007
Time In 11:35 AM
Time Out 12:02 PM

Establishment Name: Bunker Hill Elementary School
Address: 1401 Michigan Avenue, NE
Washington, DC 20002
Telephone: 202-576-8589

License Holder: Food Services Branch
License/Customer No.: 5360XXXV-50005498 exp. 4/30/2008
Certified Food Manager: Estelle M. Douglas
Certified Food Manager Identification Card No.: 12539 exp. 10/13/2007
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
 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 N/A	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 N/A	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 N/A	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	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/A	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N 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/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
Hot Water	116°F	Chocolate Milk	41°F	Toasted Cheese Sandwich	290°F		
Freezer	25°F	Milk	43°F	Beef Teriyaki	153°F		
Refrigerator (*R1)	38°F	Peach Cup	39°F	French Fries	144°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"/>	<input type="checkbox"/>	Storage of equipment, utensil, linens, & single-service / single-use articles	Yes	<input type="checkbox"/>	<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"/>
<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"/>
<input type="checkbox"/>	Equipment for temperature control	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils/ in-use	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<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
Temperature log not up-to-date

45 DAYS to correct
Keep temperature log up-to-date

If you have any questions please contact Mr. Ronnie Taylor, Area Supervisor, at 202-535-2183

Person-in-Charge (Signature) Estelle Doughts (Print) Estelle Doughts Date 2-26-07

Inspector (Signature) Ivory Gene Cooper (Print) Ivory Gene Cooper Badge # 650 Date 2/26/2007

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Pursuant to Title 25 of the District of Columbia Municipal Regulations



DISTRICT OF COLUMBIA
 DEPARTMENT OF HEALTH
 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	5	2
No. of Repeat Violations	1	0
Score (optional)	1	1

Page 1 of 1
 Date 11/3/06
 Time In _____
 Time Out _____

Establishment Name Bunker Hill Elementary DC Public Sch 1 Cafe License Holder _____
 Address 1401 Michigan Ave NE DC 20018 License/Customer No. 5492 4/08
 Certified Food Manager Estelle M Douglas
 Certified Food Manager Identification Card No. 18539 10/07
 Telephone 202-316-8559 ID Card Available Yes No

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

Establishment Type:
 Food Service Wholesaler/ Food Processor
 Food Market

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
<input checked="" type="checkbox"/> N	1. Correct responses 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. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y N	4. No 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. Proper bare hand contact w/ ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y N	7. Handwashing facilities available	<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. Proper condition/ temperature upon receiving	<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, proper methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N	14. Proper return / 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
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Y N N/O N/A	18. Proper reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	19. Proper cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	20. Proper hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	21. Proper cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	22. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	23. Proper time as a public health control (procedures / records available)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
Y N N/A	24. Consumer advisory for raw or undercooked food provided	<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. Only approved additives used	<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"/>

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