



# 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	3
No. of Repeat Violations	-	-
COS Score (optional)	-	2

Page 1 of 2  
Date 2/23/2007  
Time In 8:50 AM 9:10 AM  
Time Out 9:37 AM

Establishment Name Cleveland Elementary School  
Address 800 T Street, NW  
Washington, DC 20001  
Telephone 202-939-4387

License Holder Food Services Branch  
License/Customer No. 53600XXX-5005502 exp. 4/30/2008  
Certified Food Manager Rose M. Brown  
Certified Food Manager Identification Card No. 272909 exp. 6/9/2009  
ID Card Available Yes  No

Type of Inspection:  
 Preoperational  Routine  
 Follow-up  HACCP  
 Complaint generated  Other  
Establishment Type:  
 Food Service  Wholesaler/ Food  
 Food Market  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"/>
	<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 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"/>
	<b>Protection from Contamination</b>		
(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"/>
(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"/>
	<b>Consumer Advisory</b>		
Y N (N/A)	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>
	<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"/>
	<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
Hot Water	110°F	Peach Cup	40°F	Milk	39.8°F		
Freezer	10°F	Diced Pear Cup	41°F	Applesauce	39°F		
Refrigerator	40°F	Chocolate Milk	39°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			<input type="checkbox"/>			Plant food cooking		
<input type="checkbox"/> Liquid waste disposal			<input type="checkbox"/>			Toilet facilities		
<input type="checkbox"/> Unnecessary exposure of utility lines			<input type="checkbox"/>			Garbage and refuse disposal		
<input type="checkbox"/> Equipment for temperature control			<input type="checkbox"/>			Food utensils/ in-use		
<input type="checkbox"/> Personal cleanliness			<input type="checkbox"/>			Thermometers		
<input type="checkbox"/> Food labeled/ condition			<input type="checkbox"/>			Wiping cloths		
						Storage of equipment, utensil, linens, & single-service / single-use articles		
						Physical facilities		
						Specialized processing methods		
						Other		

### OBSERVATIONS

### CORRECTIVE ACTIONS

Non-Critical Items

No paper towels in toilet room

25 DCMR 3105 Provide paper towels for the toilet room. Corrected on site.

Cardboard on floor of freezer

25 DCMR 3201 Remove cardboard and keep floor clear. Corrected on site.

Mobile refrigerator not working

25 DCMR 1800 Repair the refrigerator.

Temperature logs up-to-date

Person-in-Charge (Signature)

*Rose M. Brown*

(Print)

Rose M. Brown

Date

2/23/07

Inspector (Signature)

*Jerry Gene Cooper*

(Print)

Jerry Gene Cooper

Badge #

650

Date

2/23/2007