



5 & 45 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	2	2
No. of Repeat Violations	—	—
COS Score (optional)	0	0

Page 1 of 2
 Date 2/29/2007
 Time In 9:20AM
 Time Out 9:53AM

Establishment Name H.D. Cooke School
 Address 300 Bryant Street NW
Washington, DC 20001
 Telephone 202-671-792

License Holder Not Available
 License/Customer No. _____
 Certified Food Manager Tiffany L. Whittington
 Certified Food Manager Identification Card No. ServSafe Exam 10/29/2004
 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
 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	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
Y	Employee Health		
Y	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Y	Good Hygienic Practices		
Y	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y	4. Discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
Y	Control of Hands as a Vehicle of Contamination		
Y	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
Y	6. Bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y	7. Hand washing facilities	<input type="checkbox"/>	<input type="checkbox"/>
Y	Approved Source		
Y	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
Y	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
Y	Protection from Contamination		
Y	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
Y	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
Y	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
Y	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
Y	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
Y	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
Y	Consumer Advisory		
Y	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
Y	Highly Susceptible Populations		
Y	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
Y	Chemical, Poisonous or Toxic Materials		
Y	26. Additives / approved, unapproved	<input type="checkbox"/>	<input type="checkbox"/>
Y	27. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
Y	Conformance with Approved Procedures		
Y	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	117°F	String Cheese (Mozzarella)	38°F	Refrigerator	40°F		
Refrigerator	34°F	Ham & Cheese Biscuit	37°F	Freezer	-40°F		
Milk	37°F	Chocolate Milk	37°F				

NONCRITICAL ITEMS GOOD RETAIL PRACTICES

	COS	R		COS	R		COS	R		
<input type="checkbox"/> Food and non-food contact surfaces constructed, cleanable, usage <i>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>Yes</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 Items	5 DAYS to correct
Food containers on floor of the refrigerator freezer	25 DCMR 816 Store all food items at least 6 (six) inches above the floor
No certified food protection manager's ID	25 DCMR 203 Obtain a certified food protection manager's ID issued by the DC Dept. of Health
Non-Critical Items	45 DAYS to correct
Dust accumulation under ventilation hood	25 DCMR 3201 Keep area free of dust
* Temperature log not up-to-date (last entry 11/2006)	Keep temperature log posted and up-to-date

Person-in-Charge (Signature) *[Signature]* (Print) *Tiffany W. Winton* Date *2/20/07*

Inspector (Signature) *[Signature]* (Print) *Jerry Gene Cooper* Badge # *650* Date *2/20/2007*