



# 58 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	1	2
No. of Repeat Violations	—	—
COS Score (optional)	0	0

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Date 2/22/2007  
Time In 9:35AM  
Time Out 10:12AM

Establishment Name Ketcham Elementary School  
Address 1500 U Street SE  
Washington, DC 20020  
Telephone 202-698-1089

License Holder Food Services Branch  
License/Customer No. 00111XXX-52005535 exp. 4/30/2008  
Certified Food Manager Gloria L. Smith  
Certified Food Manager Identification Card No. 23952 exp. 10/7/2008  
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"/>
(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	<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 / reserve 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"/>
(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
Hot Water	119°F	Egg Biscuits	22°F	Mozzarella Cheese Pizza	22°F		
Freezer	33°F	Chicken/Rice/Vegetables	23°F				
Chicken Nuggets	18°F	Peach Cup	30°F	Green Beans	30°F	Salisbury Steak	32°F

