



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	1	4
No. of Repeat Violations	—	—
COS Score (optional)	0	0

Page 1 of 2
 Date 3/13/2007
 Time In ~~11:40 AM~~ 11:40 AM
 Time Out 12:15 PM

Establishment Name
Leckie Elementary School
 Address 4201 Martin Luther King
Avenue, SW
Washington, DC 20032
 Telephone 202-645-5087

License Holder
Food Services Branch
 License/Customer No.
01111XXX-50005542 exp 4/30/2008
 Certified Food Manager
Deborah L. Shaw
 Certified Food Manager Identification Card No.
17126 exp. 8/13/2007
 ID Card Available Yes No

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

Establishment Type:
 Food Service 112A
 Food Market
 Wholesaler/ Food 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
(P) 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	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/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"/>
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/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"/>
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/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. 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	180°F	Pot Pies	43°F	Milk	38°F	Fish Sticks	132°F
Freezer	1°F	Apple Juice	30°F	Chocolate Milk	42°F	Chicken Nuggets	132°F
Refrigerator (P1)	46°F	Pear Cup	31°F	Beef Patty & Cheese	180°F		

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 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	0	0
No. of Repeat Violations		
Score (optional)		

Page 1 of 2
 Date 10/3/06
 Time In _____
 Time Out _____

Establishment Name Leckie ES
 Address 4200 MLK Jr Ave
JW
 Telephone 202-535-5087

License Holder Local Service Branch
 License/Customer No. 01111XXXX-5005542
 Certified Food Manager Deborah Whitney
 Certified Food Manager Identification Card No. 27307
 ID Card Available Yes No

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

Establishment Type: 112A
 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	1. Correct responses to questions Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
Y	2. Exclusion, restriction and reporting Good Hygienic Practices	<input type="checkbox"/>	<input type="checkbox"/>
Y	3. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y	4. No discharge from eyes, nose, or mouth Control of Hands as a Vehicle of Contamination	<input type="checkbox"/>	<input type="checkbox"/>
Y	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
Y	6. Proper bare hand contact w/ ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y	7. Handwashing facilities available Approved Source	<input type="checkbox"/>	<input type="checkbox"/>
Y	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y	9. Proper condition/ temperature upon receiving	<input type="checkbox"/>	<input type="checkbox"/>
Y	10. Records: shellstock tags, parasite destruction, required HACCP plan Protection from Contamination	<input type="checkbox"/>	<input type="checkbox"/>
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, proper methods	<input type="checkbox"/>	<input type="checkbox"/>
Y	14. Proper return / 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. Proper reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y	19. Proper cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y	20. Proper hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y	21. Proper cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y	22. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y	23. Proper time as a public health control (procedures / records available) Consumer Advisory	<input type="checkbox"/>	<input type="checkbox"/>
Y	24. Consumer advisory for raw or undercooked food provided	<input type="checkbox"/>	<input type="checkbox"/>
Y	25. Pasteurized foods used, avoidance of prohibited foods Highly Susceptible Populations	<input type="checkbox"/>	<input type="checkbox"/>
Y	26. Only approved additives used Chemical, Poisonous or Toxic Materials	<input type="checkbox"/>	<input type="checkbox"/>
Y	27. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
Y	28. Compliance with variance and HACCP plan Conformance with Approved Procedures	<input type="checkbox"/>	<input type="checkbox"/>

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ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Water</u>	<u>1</u>		<u>40°</u>				
			<u>30</u>				

