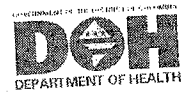


Food Establishment Inspection Report

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)	-	1

Page 1 of 2
 Date 2/23/2007
 Time In 11:35 AM
 Time Out 12:10 PM

Establishment Name Key Elementary School
 Address 5001 Dana Place, NW
Washington, DC 20016
 Telephone 202-243-1184

License Holder Food Services Branch
 License/Customer No. 00111XXX-50005536 exp. 4/30/2008
 Certified Food Manager Marsha S. Coates
 Certified Food Manager Identification Card No. 27134 exp. 5/26/2009
 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

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) N	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	Good Hygienic Practices	<input type="checkbox"/>	<input type="checkbox"/>
(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	Control of Hands as a Vehicle of Contamination	<input type="checkbox"/>	<input type="checkbox"/>
(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	Approved Source	<input type="checkbox"/>	<input type="checkbox"/>
(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"/>
(Y) N N/A	Protection from Contamination	<input type="checkbox"/>	<input type="checkbox"/>
(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/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)	Consumer Advisory	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	Highly Susceptible Populations	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	Chemical, Poisonous or Toxic Materials	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	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)	Conformance with Approved Procedures	<input type="checkbox"/>	<input type="checkbox"/>
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	122°F	Freezer	4°F				
Refrigerator	33°F	Croissant Turkey/ham/cheese	55°F				
Strawberry Yogurt	39°F	Chocolate Milk	37°F	Milk	36°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	NO	<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Personal cleanliness	No	<input checked="" 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

Non-Critical Item
Employee not wearing a hair restraint

Temperature log posted and up-to-date

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

CORRECTIVE ACTIONS

45 DAYS to correct
25DCMR502 All employees handling food are required to wear hair restraints. Corrected on site

Person-in-Charge (Signature) *Mariah [Signature]* (Print) _____ Date *2/23/07*

Inspector (Signature) *Ivory Gene Cooper* (Print) *Ivory Gene Cooper* Badge # *650* Date *2/23/2007*