



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	2
No. of Repeat Violations	-	-
COS Score (optional)	0	0

Page 1 of 2
 Date 2/26/2007
 Time In 10:32 AM
 Time Out 11:05 AM

Establishment Name Mann Elementary School
 Address 4400 Newark Street, NW
Washington, DC 20015
 Telephone 202-282-0201

License Holder Food Services Branch
 License/Customer No. ~~HHXXXX-500519 exp. 1~~ N/A
 Certified Food Manager Rita L. Page
 Certified Food Manager Identification Card No. 27288 exp. 6/9/2009
 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"/>
	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 N/A	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/A	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"/>
	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	114°F	Milk	39°F	Fish Sticks	43°F		
Freezer	-13°F	Chocolate Milk	40°F				
Refrigerator	41°F	Teriyaki Beef Patties	40°F				

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 Bureau of Community Hygiene
 Food Protection Division
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 (202) 535-2180

	CRITICAL	NON CRITICAL
No. of Violations		
No. of Repeat Violations		
Score (optional)		

Page 1 of 1
 Date 11/17/06
 Time In _____
 Time Out _____

Establishment Name MAXX ES
 Address 4400 NEWARK ST NW
 Telephone (202) 282-0201

License Holder Mona F. Hernandez
 License/Customer No. Upgrade to book / will fax
 Certified Food Manager RITA POYE
 Certified Food Manager Identification Card No. 10288 EXP 1/4/7
 ID Card Available Yes No

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ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cold Units	40°/39°						
Lower Deck							

