



5845 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	1

Page 1 of 2
 Date 2/28/2007
 Time In 8:46 AM
 Time Out 9:20 AM

Establishment Name
Maurry Elementary School
 Address 1300 Constitution Avenue, NE
Washington, DC 20002
 Telephone 202-698-3827

License Holder
Food Services Branch
 License/Customer No.
53600XXX-50005549 exp. 4/30/2008
 Certified Food Manager
Janice L. Frost
 Certified Food Manager Identification Card No.
27286 exp. 6/2/2009
 ID Card Available Yes No

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

Establishment Type:
 Food Service 112A 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"/>
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 / 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	110°F	Chocolate Milk	35°F				
Refrigerator	37°F	Peanut Butter & Jelly Wafer	40°F				
Milk	40°F	Freezer	1.6°F				

Maury Elementary School

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"/>	<input type="checkbox"/>	Plant food cooking N/A	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Toilet facilities Yes	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Garbage and refuse disposal Yes	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Food utensils/ in-use N/A	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Thermometers Yes	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	Food labeled/ condition Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths Yes	<input type="checkbox"/>	<input type="checkbox"/>				

OBSERVATIONS	CORRECTIVE ACTIONS
Critical Items	5 DAYS to correct
No handwashing sink separate from warewashing sink	25 DCMR 2406 Facility must have a hand washing sink that is only used for handwashing
Food on floor of walk-in refrigerator improperly stored	25 DCMR 916 Elevate all food at least 6 (six) inches above the floor
Non-Critical Items	45 DAYS to correct
Employee not wearing hair restraint	25 DCMR 502 All employees handling food are required to wear hair restraints. Corrected on site
Temperature log not up-to-date (last entry 2/26/2007)	Keep temperature log up-to-date
If you have any questions, please contact Mr. Ronnie Taylor, Area Supervisor, at 202-535-2183.	

Person-in-Charge (Signature) *[Signature]* (Print) **Janice Frost** Date **2/28/07**

Inspector (Signature) *[Signature]* (Print) **Ivory Gene Cooper** (Badge #) **650** Date **2/28/2007**

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Pursuant to Title 25 of the District of Columbia Municipal Regulations

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 11/12/06
 Time In _____
 Time Out _____

Establishment Name Mary ES
 Address 1300 Constitution Ave NE
 Telephone 202-698-3827

License Holder Food Service Branch
 License/Customer No. 53002 XXXX-50005549
 Certified Food Manager Jarvis Frost
 Certified Food Manager Identification Card No. 27606
 ID Card Available Yes No

Type of Inspection:
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 Follow-up HACCP
 Complaint generated Other

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 Food Service Wholesaler/ Food Processor
 Food Market

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<u>Walkin</u>	<u>30°F</u>						

