



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

Page 1 of 2  
Date 3/6/2007  
Time In 10:30AM  
Time Out 11:05AM

Establishment Name Miner Elementary School  
Address 601 15th Street, NE  
Washington, DC 20018  
Telephone 202-397-3972

License Holder Food Services Branch  
License/Customer No. 1111XXXX-50005553 exp. 4/30/2008  
Certified Food Manager Yvonne D. Johnson-Kiah  
Certified Food Manager Identification Card No. 16976 exp. 9/19/2007  
ID Card Available Yes  No

Type of Inspection:  
 Preoperational  Routine  
 Follow-up  HACCP  
 Complaint generated  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"/>
(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	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	<b>Protection from Contamination</b>		
(Y) N	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	14. Returned / reserve of food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	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
Freezer	50°F	Milk	41°F	Breakfast BreaKs	39°F	Chicken Patty	165°F
Hot Water	130°F	Cheese Co-Jack	41°F	Mixed Fruit Cup	39°F		
Refrigerator	40°F	Egg on a Biscuit	42°F	Mobile Refrigerator	41°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"/>	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"/>	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"/>	Equipment for temperature control	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils/ in-use	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>
<input type="checkbox"/>	Personal cleanliness	Yes	<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"/>	Wiping cloths	Yes	<input type="checkbox"/>	<input type="checkbox"/>			

### OBSERVATIONS

### CORRECTIVE ACTIONS

Non-Critical Items  
Temperature log not up-to-date  
(last entry 2/2/2007)

45 DAYS to correct  
Keep temperature up-to-date

Area Supervisor: Mr. Ronnie Taylor  
202-535-2183

*[Signature]*  
Person in Charge (Signature)

*[Signature]*  
(Print) Yvonne King Johnson Date 3-6-07

*[Signature]*  
Inspector (Signature) Ivory Gene Cooper (Print) Ivory Gene Cooper Badge # 650

Date 3/6/2007

# Food Establishment Inspection Report

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 11/16/06  
Time In \_\_\_\_\_  
Time Out \_\_\_\_\_

Establishment Name: Mines ES  
Address: 601 15th ST NE  
Telephone: 21397-3972

License Holder: Food Service Branch  
License/Customer No.: 11111111-505553  
Certified Food Manager: Yvonne Johnson-Kig  
Certified Food Manager Identification Card No.: 16976  
ID Card Available: Yes  No

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

Establishment Type: 12A  
 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.

	Demonstration of Knowledge	COS	R
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	Employee Health		
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Y N	7. Handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
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Y N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
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	Consumer Advisory		
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### ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>walkin</u>	<u>25°F</u>						
	<u>39</u>						
<u>Fry</u>	<u>45°F</u>						

