



# 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 <i>Score (optional)</i>	-	0

Page 1 of 2  
Date 3/6/2007  
Time In 11:56 AM  
Time Out 12:36 PM

**Establishment Name**

Montgomery Elementary School  
Address 421 P Street, NW  
Washington, DC 20001

**License Holder**

Food Services Branch  
License/Customer No. 53600XXX-50085514 exp. 9/30/2008  
Certified Food Manager  
Theresa A. Boyd  
Certified Food Manager Identification Card No. 17572 exp. 5/14/2007  
ID Card Available Yes  No

**Type of Inspection:**

- Preoperational  
 Follow-up  
 Complaint generated
- Routine  
 HACCP  
 Other

**Establishment Type:**

- Food Service 12A  Wholesaler/ Food  
 Food Market  Processor

**Risk Category:**

- High  Medium  Low  
Publ: c Sch. Cafeteria

**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 <u>N/O</u>	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	<b>Protection from Contamination</b>		
(Y) N <u>N/A</u>	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u>	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u>	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u>	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 <u>N/O</u> <u>N/A</u>	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	<b>Consumer Advisory</b>		
(Y) N <u>N/A</u>	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	<b>Highly Susceptible Populations</b>		
(Y) N <u>N/O</u> <u>N/A</u>	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	<b>Chemical, Poisonous or Toxic Materials</b>		
(Y) N <u>N/A</u>	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 <u>N/A</u>	<b>Conformance with Approved Procedures</b>		
(Y) N <u>N/A</u>	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	115°F	Milk	38°F	Mobile Refrigerator	41°F		
Freezer	-9°F	Orange Juice	38°F	Chocolate Milk	42°F		
Refrigerator (RII)	39°F	Baby Cut Carrots	39°F	Mixed Fruit Cup	35°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"/>	<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"/>	<input checked="" type="checkbox"/>	Physical facilities	No	<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"/>	<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	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<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	45 DAYS to correct
Blown light bulbs in ceiling in kitchen and storage room.	25 DCMR 2908 Replace the blown light bulbs
Light fixture (ceiling) cover missing	25 DCMR 3200 Replace the missing fixture cover
Paint bubbles in ceiling	Repair the ceiling
Temperature logs up-to-date	
Area Supervisor: Mr. Ronnie Taylor 202-535-2183	

Person-in-Charge (Signature) *Theresa B. Boyd*

(Print) Theresa B. Boyd

Date 3-6-07

Inspector (Signature) *Ivory Gene Cooper*

(Print) Ivory Gene Cooper Badec # 650

Date 3/6/2007

