

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	1	0
Score (optional)	0	0

Page 1 of 2
Date 2-9-07
Time In _____
Time Out _____

Establishment Name MOTEN Elem. School
Address 1565 MORRIS Road, SE
Telephone 698-1211

License Holder Food Service Branch
License/Customer No. IL 50005533
Certified Food Manager Jacqueline Anderson
Certified Food Manager Identification Card No. # 28133
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
Risk Category: 112-A
 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		
Y N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Y N	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"/>
Y N	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"/>
Y N	Approved Source		
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	Protection from Contamination		
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 / reservice 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"/>

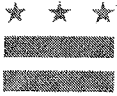
In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
Y N N/O	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Consumer Advisory		
Y N	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Highly Susceptible Populations		
Y N	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Chemical, Poisonous or Toxic Materials		
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	Conformance with Approved Procedures		
Y N	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



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5 Days

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Department of Health
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	CRITICAL	NON CRITICAL
No. of Violations	1	1
No. of Repeat Violations	0	0
Score (optional)	100	100

Page 1 of 2
Date 1.31.07
Time In _____
Time Out _____

Establishment Name MOTEN Elem. School

License Holder FOOD BRANCH

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

Address 1565 Morris Road SE

License/Customer No. #50005555

Certified Food Manager Jacqueline Anderson

Establishment Type:
 Food Service Wholesaler/ Food
 Food Market Processor

Telephone 2/698-1211

Certified Food Manager Identification Card No. Tax Copy of ID Card

Risk Category: #112A
 High Medium Low

ID Card Available Yes No

CRITICAL ITEMS *

(RISK FACTORS AND INTERVENTIONS)

The letter to the left of each item indicates that item's status at the inspection.

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Employee Health			
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(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	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"/>
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(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"/>

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Temp Log Posted

ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk-in box	32F						
Walk-in Freezer							

