



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	0
No. of Repeat Violations		
Score (optional)		

Page 1 of 2
Date 1/8/09
Time In _____
Time Out _____

Establishment Name Orr ES
Address 2201 Pratt St SE
Telephone 202-45-2427

License Holder Food Service Branch
License/Customer No. 50005559
Certified Food Manager Natlie Dusew
Certified Food Manager Identification Card No. 21901
ID Card Available Yes No

Type of Inspection:
 Preoperational Routine
 Follow-up HACCP
 Complaint generated Other
Establishment Type: 1172
 Food Service Wholesaler/ Food
 Food Market 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.

In Compliance	Demonstration of Knowledge	COS	R
Y N <u>N/O</u>	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health		
Y N <u>N/O</u>	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
Y N <u>N/O</u>	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	4. Discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
Y N <u>N/O</u>	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	6. Bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	7. Hand washing facilities	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
Y N <u>N/O</u>	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 N/O</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
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 <u>N/O</u>	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"/>
	Consumer Advisory		
Y N <u>N/A</u> <u>N/O</u>	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
Y N <u>N/O</u> <u>N/A</u>	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical, Poisonous or Toxic Materials		
Y N <u>N/A</u> <u>N/O</u>	26. Additives / approved, unapproved	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	27. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
Y N <u>N/A</u> <u>N/O</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

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	1	1
No. of Repeat Violations	0	0
Score (optional)	100	100

Page 1 of 2
 Date 11-30-06
 Time In _____
 Time Out _____

Establishment Name OPR Elem. School
 Address 2201 Point Street, SE
WASH. DC
 Telephone 202-645-8427

License Holder Food Service Branch
 License/Customer No. 50005539
 Certified Food Manager Netteh Dizon
 Certified Food Manager Identification Card No. #21901
 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: #117A
 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
(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. Handwashing 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	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
		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"/>

				Potentially Hazardous Food Time / Temperature	COS	R
(Y)	N	W/C	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"/>

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ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk-N-Brew (FI)		Freezer		Walk-N-Ref.	38°		
Bread/Bermy	140°	Milk	40°				
Fruit Chub	140°						

