

Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations



DISTRICT OF COLUMBIA
 DEPARTMENT OF HEALTH
 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	0
No. of Repeat Violations	0	0
Score (optional)		

Page 1 of 2
 Date 9-19-06
 Time In _____
 Time Out _____

S BUS COS 1 0

Establishment Name Park Views
 Address 3500 Warden St
NW Washington
DC 20001
 Telephone (202) 576-6852

License Holder Park View Elementary
 License/Customer No. 530001316
 Certified Food Manager Tiffany T. Blum
 Certified Food Manager Identification Card No. 4295549 3/29/08
 ID Card Available Yes No

Type of Inspection: 909
 Preoperational Routine
 Follow-up HACCP
 Complaint generated Other
 Establishment Type:
 Food Service Wholesaler/ Food Processor
 Food Market
 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	1. Correct responses 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. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y N	4. No 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. Proper bare hand contact w / ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y N	7. Handwashing facilities available	<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. Proper condition/ temperature upon receiving	<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, proper methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N	14. Proper return / 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	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y N	18. Proper reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N	19. Proper cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N	20. Proper hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N	21. Proper cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N	22. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N	23. Proper time as a public health control (procedures / records available)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Consumer Advisory		
Y N	24. Consumer advisory for raw or undercooked food provided	<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. Only approved additives used	<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
meat in	400 F						
meat in	150 F						

NONCRITICAL ITEMS
GOOD RETAIL PRACTICES

	COS	R		COS	R		COS	R
Food and non- food contact surfaces - constructed, cleanable, usage	<input type="checkbox"/>	<input type="checkbox"/>	Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	Storage of equipment, utensil, linens, & single-service / single-use articles	<input type="checkbox"/>	<input type="checkbox"/>
Liquid waste disposal, if required	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities, clean & available	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
Unnecessary exposure of utility lines	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils, stored & used properly	<input type="checkbox"/>	<input type="checkbox"/>	Contract with pest control service vendor	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness, outer garments	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers in proper location	<input type="checkbox"/>	<input type="checkbox"/>	Contract with trash or solid waste service vendor	<input type="checkbox"/>	<input type="checkbox"/>
Food labeled/ condition	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths, properly stored	<input type="checkbox"/>	<input type="checkbox"/>	Contract with liquid / grease collection service vendor	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS

<p>(COS) 25 DEC 2001</p>	<p>a Certified Food manager present on site at call</p> <p>Any questions, call (202) 535-2455 Mrs. Cave</p>
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Person-in-Charge (Signature) Brand Walter (Print) Brand Walter Date 9-19-06

Inspector (Signature) Sharon Cave (Print) Sharon Cave Badge # 124 Date 9-19-06

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	CRITICAL	NON CRITICAL
No. of Violations	2	—
No. of Repeat Violations	—	—
Score (optional)	—	—

Page 1 of 1
 Date 9-7-06
 Time In
 Time Out

T-DCPS
 E-DCPS

Establishment Name Park Views
 Address 3506 Warder St
NW Washington
DC
 Telephone (202) 576-6852

License Holder Park View E. Kennedy
 License/Customer No. expired
 Certified Food Manager N/A
 Certified Food Manager Identification Card No. N/A
 ID Card Available Yes No N/A

Type of Inspection
 Preoperational Routine
 Follow-up HACCP
 Complaint generated Other
 Establishment Type:
 Food Service Wholesaler/ Food Processor
 Food Market
 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 Know ledge	COS	R
(Y) N	1. Correct responses 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. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. No 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. Proper bare hand contact w / ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Handwashing facilities available	<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. Proper condition/ temperature upon receiving	<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"/>
(Y) N (N/A)	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	13. Warewashing, sanitization, frequency, proper methods	<input type="checkbox"/>	<input type="checkbox"/>
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(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. Proper reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/O) (N/A)	19. Proper cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	20. Proper hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	21. Proper cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/O) (N/A)	22. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/O) (N/A)	23. Proper time as a public health control (procedures / records available)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	Consumer Advisory		
Y N (N/A)	24. Consumer advisory for raw or undercooked food provided	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	Highly Susceptible Populations		
Y N (N/O) (N/A)	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	Chemical, Poisonous or Toxic Materials		
(Y) N (N/A)	26. Only approved additives used	<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)	Conformance with Approved Procedures		
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ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	70°F						
Walkin	40°F						

