



# 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

*5 DAYS*  
*[Signature]*

	CRITICAL	NON CRITICAL
No. of Violations	1	2
No. of Repeat Violations	0	0
Score (optional)	0	0

Page 1 of 2  
Date 1/26/07  
Time In \_\_\_\_\_  
Time Out \_\_\_\_\_

Establishment Name Patterson Elementary Sch. Food Branch Service  
Address 3399 S. Capt. Street, SW  
Telephone 574-7603

License Holder \_\_\_\_\_  
License/Customer No. 50005362 4/30/06  
Certified Food Manager Barbara J. Harris  
Certified Food Manager Identification Card No. #24048  
ID Card Available Yes  No

Type of Inspection:  
 Preoperational  Routine  
 Follow-up  HACCP  
 Complaint generated  Other  
Establishment Type:  
 Food Service  Wholesaler/ Food  
 Food Market  Processor  
Risk Category: #112A  
 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"/>
	<b>Employee Health</b>		
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>
	<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"/>
	<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 (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
(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, 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 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"/>
	<b>Consumer Advisory</b>		
Y N (N/A)	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>
	<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"/>
	<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	-0°	Hot holding	140°				
WALK-IN BOX	40°						
MILK	40°						

*Temp Log Posted*

**NONCRITICAL ITEMS  
GOOD RETAIL PRACTICES**

	COS	R		COS	R		COS	R
<input checked="" type="checkbox"/> Food and non-food contact surfaces — Constructed, cleanable, usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plant food cooking <i>1/1/1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Storage of equipment, utensil, linens, & single- service / single-use articles	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liquid waste disposal <i>MS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Unnecessary exposure of utility lines	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Food utensils/ in-use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Thermometers	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/> Food labeled/ condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>			

OBSERVATIONS	CORRECTIVE ACTIONS
<u>5 DAYS</u> Must Provide copy of Current, Cafe License for Food Service (4300)	
Expired 4/30/06	
Mr. Gleason 535-2186 for further questions	
Also TAX# IS 535-1359	
1/29/07 Copy of Current License received	

Person-in-Charge (Signature) *Barbara J. Harris* (Print) **BARBARA J. HARRIS** Date **1-26-07**

Inspector (Signature) *C. Bailey* (Print) **C. BAILEY** Badge # **107** Date **1-26-07**



DISTRICT OF COLUMBIA PUBLIC SCHOOLS  
OFFICE OF BUSINESS SERVICES

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
<i>Ms Coleman / C. Bailey</i>	<i>Anthony Bailey</i>
COMPANY:	DATE:
Division of Food and Nutrition Services	<i>1-26-07</i>
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
202-576-6835	<i>2</i>
PHONE NUMBER:	RE:
202-576-7400	<i>Business License</i>

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY

255-1931

Department of Consumer and Regulatory Affairs  
 Division of Food Services  
 3000 M Street, N.W.  
 Washington, D.C. 20007-1200  
 Phone: (202) 725-5500  
 Fax: (202) 725-5501  
 TDD: (202) 725-5502  
 Website: www.dfs.dc.gov

### BASIC BUSINESS LICENSE

Applicant's Name and Mailing Address: **FOOD SERVICE BRANCH**  
 Name and Address of Premises: **3890 ELAMIRA ST SW WASHINGTON, DC 20018**

3890 V ST NE  
 WASHINGTON, DC 20018  
 3890 ELAMIRA ST SW  
 WASHINGTON, DC 20018

Owner's Name:  
 Corp. Name: **PATTERSON ELEMENTARY SCHOOL**  
 Trade Name:

Color / HOP#:	0	Square:		Lot:		Subj:		Zone:		Ward:		ANC:	
Units:	0	Kitchens:	0800	SO.FFT:	100	Perm No.:		Tab First:		Tab Last:		W/WH:	

**PUB HEALTH FOOD EST RET**  
**PUBLIC SCH CAFETERIA**

\*\*\*THE LAW REQUIRES THIS LICENSE TO BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES\*\*

Licensee's Name and Address: **Patricia M. ...**

APPENDIX  
 A.1. A copy of this license shall be posted in a conspicuous place on the premises of the applicant.  
 A.2. The applicant shall be responsible for the maintenance of the license and for the payment of the license fee.  
 A.3. The applicant shall be responsible for the payment of the license fee and for the maintenance of the license.  
 A.4. The applicant shall be responsible for the payment of the license fee and for the maintenance of the license.  
 A.5. The applicant shall be responsible for the payment of the license fee and for the maintenance of the license.

EHA

FOOD ESTABLISHMENT INSPECTION REPORT

Address 4399 S. Cap ST SW Date 7/26/05  
 Name of Licensee Food Service Branch Officer of Firm \_\_\_\_\_  
 Trading as Paterson ES Inspect. Time \_\_\_\_\_ Customer # 50025582  
 Food Service  Retail Store  Other  Sanitation Rating 96% Number of Samples Collected 0

NOTICE TO ESTABLISHMENT

This inspection was conducted to determine compliance with District Regulations. Effective action must be taken this date to correct all underlined deficiencies having a demerit value of 6. Other underlined deficiencies must be corrected as indicated under "Remarks". Failure to make the indicated correction within the specified time may result in court proceedings being initiated for the enforcement thereof.

<b>A. STRUCTURE</b>		<b>C. MEAT and MEAT PRODUCTS, INGREDIENTS, ICE, OTHER FOODS</b>	
1. Floors: <u>clean</u> - easily cleanable - in good repair - properly drained	2	1. (a) Source: approved	6
2. Walls, ceiling and overhead: <u>Clean</u> - easily cleanable - no scaling paint - in good repair	2	(b) Trichinae treatment for appropriate product containing pork muscle tissue	
3. Lighting: <u>adequate</u> for operation	2	2. Condition: <u>sound</u> - clean - unadulterated - only authorized food additives used	6
4. Ventilation: rooms reasonably free from odors, condensation, smoke, etc.	2	3. Labeling: <u>proper</u> - no false or misleading statements - products accurately described - accurate net weights	4
5. Toilets/dressing rooms: <u>clean</u> - convenient - adequate - properly constructed and ventilated	2	4. Temperature of potentially hazardous food: <u>45° F</u> or less of 140°F or more - frozen foods at 0°F or below	6
6. Handwashing facilities: <u>adequate</u> - property located - soap and towels	6	<b>DEMERITS C</b> <u>6</u>	
7. Plumbing: <u>potable</u> water supply - sufficient hot and cold running water no back siphonage or cross connections - no overhead waste lines in critical areas	6	<b>D. PERSONNEL</b>	
<b>DEMERITS A</b> <u>4</u>		1. Outer garments: <u>appropriate</u> and washable - clean - proper hair restraints	2
<b>B. EQUIPMENT</b>		2. Good apparent health	6
1. Installation: <u>equipment</u> location permits easy access to and cleaning of equipment and adjacent surfaces or properly sealed to adjacent surfaces	2	3. Hygienic practices:	
2. Refrigerated and hot food holding equipment: <u>adequate</u> - capable of maintaining proper food temperature - in good repair - provision for separation of raw and finished products	6	(a) <u>good</u> personal hygiene - hand washed and clean - proper and minimal personal contact with food and food contact surfaces	6
3. Food Contact surfaces of equipment and multi-use eating and cooking utensils: <u>constructed</u> of suitable material - free of cracks, crevices, chips, rust or paint - equipment easily disassembled and readily cleanable - clean and sanitized before each use - proper facilities and material available for cleaning and sanitizing	6	(b) Certified Food Supervisor - <u>Thompson #17688</u>	
4. Non-food Contact surfaces: <u>proper</u> construction - clean - in good repair - suitable facilities and materials available for cleaning	6	<b>DEMERITS D</b> <u>6</u>	
5. Cooking units, hoods and filters: <u>clean</u> - in good repair	2	<b>E. GENERAL</b>	
<b>DEMERITS B</b> <u>0</u>		1. Premises: <u>no</u> rodent harborage - effective vermin control - only permitted pesticides used and properly stored - premises free of trash and litter - no birds or unauthorized animals - facilities and materials available for cleaning	6
<b>TOTAL DEMERITS</b> <u>4</u>		2. General storage: <u>storage</u> areas clean, adequate and properly utilized - food product ingredients, utensils and single service items protected from contamination - soiled linens and clean linens separated - contents of containers properly identified - poisonous materials properly labeled, handled and stored	6
		3. Operating methods: <u>food</u> protected during display, packaging, processing and transportation - containers and wrappings sanitary - proper sequence of operations	6
		4. Waste containers: <u>property</u> constructed and used - clean	2
		<b>DEMERITS E</b> <u>2</u>	

REMARKS  
 A1 - Clean floors nowhere in storage room  
 A5 - Provide handwash sign in rest room.

INSPECTED BY [Signature] RECEIVED BY [Signature] 7/26/05

