



5 & 45 Days Notices

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	1	5
No. of Repeat Violations	-	-
<i>COS</i> Score (optional)	-	-

Page 1 of 2
 Date 2/16/2007
 Time In 10:55AM
 Time Out 11:30AM

Establishment Name
Bruce-Monroe Elementary School
 Address 3012 Georgia Avenue, NW
Washington, DC 20001
 Telephone 202-576-6988

License Holder
Food Services Branch
 License/Customer No.
0000XXXX-50005497 Exp. 4/30/2008
 Certified Food Manager
None
 Certified Food Manager Identification Card No.
 ID Card Available Yes No

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

Establishment Type:
 Food Service 112A
 Food Market
 Wholesaler/ Food Processor
 Risk Category: Public Sch. Cafeteria
 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 <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	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	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	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>	Consumer Advisory		
(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>	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"/>
(Y) N <u>N/A</u>	Chemical, Poisonous or Toxic Materials		
(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>	Conformance with Approved Procedures		
(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	110°F	Milk	39°F	Breakfast Wrap	38°F	Graham Wafer Sandwich	40°F
Refrigerator (*R1)	40°F	Freezer	5°F	Biscuits	41°F		
Chocolate Milk	39°F	Refrigerator (*R2)	41°F	Bagel & Cream Cheese	41°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"/>	Storage of equipment, utensil, linens, & single-service / single-use articles	Yes	<input type="checkbox"/>
<input type="checkbox"/>	Liquid waste disposal	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities	No	<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"/>	Specialized processing methods	N/A	<input type="checkbox"/>
<input type="checkbox"/>	Equipment for temperature control	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils/ in-use	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>
<input checked="" type="checkbox"/>	Personal cleanliness	No	<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
Critical Item	5 DAYS to correct
No certified food protection manager on duty	25 DCMR 203.
Non-Critical Items	45 DAYS to correct
Employee not wearing a hair restraint	25 DCMR 502: Wear hair restraints at all times
Paint peeling from ceiling	25 DCMR 3200: Repair the ceiling
No handwashing signage in toilet room	25 DCMR 3004: Post a handwashing sign
Handwashing sink out of order	25 DCMR 2414: Repair the handwashing sink
Refrigeration temperatures not recorded for the AM.	Keep temperature logs up to date.
If you have any questions, please contact Mr. Ronnie Taylor, Area Supervisor, at 202-535-2183.	

Person-in-Charge (Signature) *Amelia Jones* (Print) *Amelia Jones* Date *2-16-07*

Inspector (Signature) *Ivory Gene Cooper* (Print) *Ivory Gene Cooper* badge # *650* Date *2/16/2007*

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

	CRITICAL	NON CRITICAL
No. of Violations	2	1
No. of Repeat Violations	1	1
Score (optional)	10	10

Page 1 of 2
 Date 6-12-06
 Time In _____
 Time Out _____

51 N Street, N.E. Washington, DC 20002
 (202) 535-2180 6th Floor

Establishment Name: Bruce Monroe Elementary License Holder: NIA epical
 Address: 3012 GA Avenue License/Customer No.: NIA
Washington, DC Certified Food Manager: Amelia A. Jones
20001 Certified Food Manager Identification Card No.: 10129107
 Telephone: (202) 576-6988 ID Card Available: Yes No

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 Knowledge	COS	R
(Y) N	1. Correct responses 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. 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"/>
	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 <u>Hot H₂O</u>	<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. 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"/>
	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"/>
(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"/>
(X) 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"/>
	Consumer Advisory		
Y N (N/A)	24. Consumer advisory for raw or undercooked food provided	<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. 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"/>
	Conformance with Approved Procedures		
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
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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
Temp of Hands, sink	Hot H ₂ O	800 F	(1)			reach in	400 F
3-computer sinks	R2	360 F	110 OF				

**NONCRITICAL ITEMS
GOOD RETAIL PRACTICES**

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

OBSERVATIONS AND CORRECTIVE ACTIONS

25 DCMR 4300.1

you are hereby GIVEN 5-Days to provide current BUSINESS License

25 DCMR 1800.1

INcrease hot water pressure for handsink #1. a temp of 80°F was obtained. a temp of 110°F or higher must be obtained for sanitizing. Both two-compartment sinks have a temp of 110°F.

25 DCMR 1800.1

you are hereby given a 45-Day notice to replace floor drain covers (2) under 2-compartment sink.

ATF you have any questions, please contact Mr. Ronnie Taylor @ (202) 535-2153.

Person-in-Charge (Signature) Amelia Jones (Print) Amelia Jones Date 6-12-06

Inspector (Signature) Sharon Carr (Print) Sharon Carr Badge # 124 Date 6-12-06

EHA

FOOD ESTABLISHMENT INSPECTION REPORT

Address 3012 GA AV. NW Date 5-2-05
 Name of Licensee Food Service Branch Officer of Firm 202-517-6988
 Trading as Bruce-Monroe Elementary School Inspect. Time 11:00 AM Customer # 50005499
 Food Service Retail Store Other Sanitation Rating 94/100 Number of Samples Collected 0

NOTICE TO ESTABLISHMENT

This inspection was conducted to determine compliance with District Regulations.
 112 A 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.

A. STRUCTURE			C. MEAT and MEAT PRODUCTS, INGREDIENTS, ICE, OTHER FOODS		
1. Floors: clean - easily cleanable - in good repair - properly drained	2		1. (a) Source: approved	6	
2. Walls, ceiling and overhead: Clean - easily cleanable - no scaling paint - in good repair	2		(b) Trichinae treatment for appropriate product containing pork muscle tissue	6	
3. Lighting: adequate for operation	2		2. Condition: sound - clean - unadulterated - only authorized food additives used	6	
4. Ventilation: rooms reasonably free from odors, condensation, smoke, etc.	2		3. Labeling: proper - no false or misleading statements - products accurately described - accurate net weights	4	
5. Toilets/dressing rooms: clean - convenient - adequate - properly constructed and ventilated	2		4. Temperature of potentially hazardous food: 45° F or less of 140°F or more - frozen foods at 0°F or below	6	
6. Handwashing facilities: adequate - property located - soap and towels	6		DEMERITS C		<u>6</u>
7. Plumbing: potable water supply - sufficient hot and cold running water no back siphonage or cross connections - no overhead waste lines in critical areas	6		D. PERSONNEL		
DEMERITS A		<u>2</u>	1. Outer garments: appropriate and washable - clean - proper hair restraints	2	
B. EQUIPMENT			2. Good apparent health	6	
1. Installation: equipment 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: adequate - capable of maintaining proper food temperature - in good repair - provision for separation of raw and finished products	6		(a) good 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: constructed 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		
4. Non-food Contact surfaces: proper construction - clean - in good repair - suitable facilities and materials available for cleaning	6		DEMERITS D		<u>0</u>
5. Cooking units, hoods and filters: clean (in good repair)	2		E. GENERAL		
DEMERITS B		<u>2</u>	1. Premises: no 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	
No cooking.			2. General storage: storage 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: food protected during display, packaging, processing and transportation - containers and wrappings sanitary - proper sequence of operations	6	
			4. Waste containers: property constructed and used - clean	2	
			DEMERITS E		<u>2</u>

TOTAL DEMERITS 6

Refrigerators & Freezers OK

REMARKS A-1. Clean floor under shelves in dry storage room
 B-5: Install missing filter in the hood
 E-4: Remove empty boxes

INSPECTED BY Yung R. Choi RECEIVED BY Reynolds