5 & 45 Days Notices

# Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations

DEPARTMENT OF HEALTH

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 | 2 | 2 |
| No. of Repeat Violations | — | — |
| COS ~~Score (optional)~~ | 0 | 0 |

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Date 2/12/2007
Time In 11:40AM
Time Out 12:10PM

**Establishment Name** Powell Elementary School

**Address** 1350 Upshur Street, NW Washington, DC

**Telephone** 202-576-8830

**License Holder** Not Available

**License/Customer No.**

**Certified Food Manager** None

**Certified Food Manager Identification Card No.**

ID Card Available Yes ☐ No ☐

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

**Establishment Type:**
☒ Food Service 1124 ☐ 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) | 1. Correct response to questions | ☐ | ☐ |
| | **Employee Health** | | |
| (Y) N | 2. Exclusion, restriction and reporting | ☐ | ☐ |
| | **Good Hygienic Practices** | | |
| (Y) N | 3. Eating, tasting, drinking, or tobacco use | ☐ | ☐ |
| (Y) N | 4. Discharge from eyes, nose, or mouth | ☐ | ☐ |
| | **Control of Hands as a Vehicle of Contamination** | | |
| (Y) N | 5. Clean hands, properly washed | ☐ | ☐ |
| (Y) N | 6. Bare hand contact with ready-to-eat foods | ☐ | ☐ |
| Y N | 7. Hand washing facilities | ☐ | ☐ |
| | **Approved Source** | | |
| (Y) N | 8. Food obtained from approved source | ☐ | ☐ |
| Y N N/O | 9. Receiving temperature / condition | ☐ | ☐ |
| Y N (N/A) | 10. Records: shellstock tags, parasite destruction, required HACCP plan | ☐ | ☐ |
| | **Protection from Contamination** | | |
| Y (N) N/A | 11. Food segregated, separated and protected | ☐ | ☐ |
| (Y) N N/A | 12. Food contact surfaces clean and sanitized | ☐ | ☐ |
| Y N N/A | 13. Warewashing, sanitization, frequency, methods | ☐ | ☐ |
| Y N N/O | 14. Returned / reservice of food | ☐ | ☐ |
| (Y) N | 15. Discarding / reconditioning unsafe food | ☐ | ☐ |
| (Y) N | 16. Controlling pests | ☐ | ☐ |

| In Compliance | Potentially Hazardous Food Time / Temperature | COS | R |
|---|---|---|---|
| (Y) N N/O N/A | 17. Proper cooking, time and temperature | ☐ | ☐ |
| (Y) N N/O N/A | 18. Reheating for hot holding | ☐ | ☐ |
| (Y) N N/O N/A | 19. Cooling / Thawing | ☐ | ☐ |
| (Y) N N/O N/A | 20. Hot holding | ☐ | ☐ |
| (Y) N N/O N/A | 21. Cold Holding | ☐ | ☐ |
| (Y) N N/O N/A | 22. Date marking and disposition | ☐ | ☐ |
| Y N N/O (N/A) | 23. Time as a public health control (procedures / records) | ☐ | ☐ |
| | **Consumer Advisory** | | |
| Y N (N/A) | 24. Consumer advisory for raw or undercooked food | ☐ | ☐ |
| | **Highly Susceptible Populations** | | |
| (Y) N N/O N/A | 25. Pasteurized foods used, avoidance of prohibited foods | ☐ | ☐ |
| | **Chemical, Poisonous or Toxic Materials** | | |
| (Y) N N/A | 26. Additives / approved, unapproved | ☐ | ☐ |
| (Y) N | 27. Toxic substances properly identified, stored, used | ☐ | ☐ |
| | **Conformance with Approved Procedures** | | |
| Y N (N/A) | 28. Compliance with variance and HACCP plan | ☐ | ☐ |

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 |
|---|---|---|---|---|---|---|---|
| Refrigerator | 39°F | | | | | | |
| Freezer | -1°F | | | | | | |
| | | | | | | | |