

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) |
| No. of Repeat Violations | | |
| Score (optional) | | |

Page 1 of 1
 Date 1/08/07
 Time In _____
 Time Out _____

Establishment Name Sea Body Elem
 Address 500 BT NE
 Telephone 202/698-3518

License Holder Food Service Branch
 License/Customer No. 60005504
 Certified Food Manager CONNIE DANIEL
 Certified Food Manager Identification Card No. 27197
 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:
 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 | 1. Correct response to questions | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health | | | |
| Y | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices | | | |
| Y | 3. Eating, tasting, drinking, or tobacco use | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | 4. Discharge from eyes, nose, or mouth | <input type="checkbox"/> | <input type="checkbox"/> |
| Control of Hands as a Vehicle of Contamination | | | |
| Y | 5. Clean hands, properly washed | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | 6. Bare hand contact with ready-to-eat foods | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | 7. Handwashing facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved Source | | | |
| Y | 8. Food obtained from approved source | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | 9. Receiving temperature / condition | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | 10. Records: shellstock tags, parasite destruction, required HACCP plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Protection from Contamination | | | |
| Y | 11. Food segregated, separated and protected | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | 12. Food contact surfaces clean and sanitized | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | 13. Warewashing, sanitization, frequency, methods | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | 14. Returned / reserve of food | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | 15. Discarding / reconditioning unsafe food | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | 16. Controlling pests | <input type="checkbox"/> | <input type="checkbox"/> |

| Potentially Hazardous Food Time / Temperature | | | | COS | R |
|---|---|-----|-----|--------------------------|--------------------------|
| Y | N | N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Consumer Advisory | | | | | |
| Y | N | N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Highly Susceptible Populations | | | | | |
| Y | N | N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemical, Poisonous or Toxic Materials | | | | | |
| Y | N | N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Conformance with Approved Procedures | | | | | |
| Y | N | N/A | N/A | <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 |
|---------------|------|---------------|------|---------------|------|---------------|------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**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 <i>ND</i> | <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

| | |
|-----------------|--|
| <i>2/10/07-</i> | <i>ND/ND</i> Garbage disposal not repaired on 1/08/07. This problem continues to be outstanding. Disposing food inside of trash cans. |
| <i>dent</i> | <i>clean table not operating that the food is is stored in. 1/8/07 All food pulled out of it was mel.</i> |

Person-in-Charge (Signature) *x Joan McDonald* (Print) **JOAN McDONALD** Date *1-8-07*

Inspector (Signature) *J. E. Mable* (Print) **J. E. Mable** Badge # _____ Date *1/22/07*

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

Page 1 of 2
 Date 12/1/06
 Time In _____
 Time Out _____

Establishment Name
Peabody ES
 Address 500 C ST NE
 Telephone 202-698-3270

License Holder
Food Service Branch
 License/Customer No.
53602XXXX-5000584
 Certified Food Manager
Cenette Daniel
 Certified Food Manager Identification Card No.
 ID Card Available Yes No

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

Establishment Type: 112A
 Food Service
 Food Market
 Wholesaler/ Food 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.

| | | | Demonstration of Knowledge | COS | R |
|--|---|-------|---|--------------------------|--------------------------|
| Y | N | (N/A) | 1. Correct response to questions | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health | | | | | |
| Y | N | (N/A) | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices | | | | | |
| Y | N | (N/A) | 3. Eating, tasting, drinking, or tobacco use | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | (N/A) | 4. Discharge from eyes, nose, or mouth | <input type="checkbox"/> | <input type="checkbox"/> |
| Control of Hands as a Vehicle of Contamination | | | | | |
| Y | N | (N/A) | 5. Clean hands, properly washed | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | (N/A) | 6. Bare hand contact with ready-to-eat foods | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | (N/A) | 7. Handwashing facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved Source | | | | | |
| Y | N | (N/A) | 8. Food obtained from approved source | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | (N/A) | 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"/> |
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| Y | N | (N/A) | 11. Food segregated, separated and protected | <input type="checkbox"/> | <input type="checkbox"/> |
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| Y | N | (N/A) | 15. Discarding / reconditioning unsafe food | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | (N/A) | 16. Controlling pests | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | Potentially Hazardous Food Time / Temperature | COS | R |
|--|---|-------|--|--------------------------|--------------------------|
| Y | N | (N/A) | 17. Proper cooking, time and temperature | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | (N/A) | 18. Reheating for hot holding | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | (N/A) | 19. Cooling / Thawing | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | (N/A) | 20. Hot holding | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | (N/A) | 21. Cold Holding | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | (N/A) | 22. Date marking and disposition | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | (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/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 | (N/A) | 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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|---------------|------|---------------|------|---------------|------|---------------|------|
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