



45 Days Notice 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	1
No. of Repeat Violations	1	1
COS Score (optional)	1	0

Page 1 of 2
 Date 3/9/2007
 Time In 10:40AM
 Time Out 11:11AM

Establishment Name River Terrace Community School
 Address 3400 Dix Street, NE
Washington, DC 20019
 Telephone 202-724-4590

License Holder Food Services Branch
 License/Customer No. 53600XXX-50000557 exp. 4/30/2008
 Certified Food Manager Sadie W. Harris
 Certified Food Manager Identification Card No. 16775 exp. 5/7/2007
 ID Card Available Yes No

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

Establishment Type:
 Food Service 1/2A Wholesaler/ Food Processor
 Food Market
 Processor

Risk Category: Public Sch. Cafeter.
 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"/>
Employee Health			
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Approved Source			
(Y) N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	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"/>
Protection from Contamination			
Y (N) N/A	11. Food segregated, separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	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"/>
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/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. Additives / approved, unapproved	<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
 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	116°F	Milk	32°F	Apple Juice	33°F		
Freezer	7°F	Chocolate Milk	33°F	Mixed Fruit Cup	24°F		
Refrigerator (R)	33°F	Peach Cup	32°F	Egg Cheese Burrito	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"/>	<input type="checkbox"/>	Storage of equipment, utensil, linens, & single-service / single-use articles	Yes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liquid waste disposal	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities	No	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Specialized processing methods	N/A	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment for temperature control	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils/ in-use	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal cleanliness	Yes	<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 Food stored on floor of the refrigerator	25DCMR 816 Elevate all food at least 6 (six) inches above the floor. Corrected on site 45 DAYS to correct
Non-Critical Item Paint peeling from the ceiling	25DCMR 3200 Repair the ceiling
Temperature log up-to-date	
Area Supervisor: Mr. Ronnie Taylor 202-535-2183	

Sadie W. Harris
Person-in-Charge (Signature)

Sadie W. Harris
(Print)

3-9-07
Date

Ivory Gene Cooper
Inspector (Signature)

(Print) Ivory Gene Cooper Badge # 650

Date 3/9/2007

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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	0	0
No. of Repeat Violations		
Score (optional)		

Page 1 of 2
 Date 11/11/16
 Time In _____
 Time Out _____

Establishment Name
River Terrace ES
 Address 420 34th ST NE
 Telephone 202-724-4590

License Holder
Food Service Branch
 License/Customer No.
57601 XXX-9000 5577
 Certified Food Manager
Shirley Jones
 Certified Food Manager Identification Card No.
16775
 ID Card Available Yes No

Type of Inspection:
 Preoperational
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 Complaint generated
 Routine
 HACCP
 Other

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

Risk Category:
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