



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	2
No. of Repeat Violations	-	-
COS Summe (optional)	0	0

Page 1 of 2
Date 3/13/2007
Time In 12:26 PM
Time Out 1:02 PM

Establishment Name: Simon Elementary School
Address: 400 Mississippi Avenue, S.W.
Washington, DC 20032
Telephone: 202-645-5714

License Holder: Food Services Branch
License/Customer No.: 00000XXX-50005587 exp. 4/30/2008
Certified Food Manager: Not on duty
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 102A
 Food Market
 Wholesaler/ Food Processor
 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
(N)	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			
(N)	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
(N)	4. Discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
(N)	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
(N)	6. Bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
(N)	7. Hand washing facilities	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
(N)	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
(N)	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
(N)	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
(N)	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
(N)	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
(N)	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
(N)	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
(N)	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
(N)	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
(N)	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
(N)	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(N)	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
(N)	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(N)	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(N)	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
(N)	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
(N)	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
(N)	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
Chemical, Poisonous or Toxic Materials			
(N)	26. Additives / approved, unapproved	<input type="checkbox"/>	<input type="checkbox"/>
(N)	27. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			
(N)	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	136°F	Grape Juice	26°F	Waffles	39°F	Beef Patty/Cheese	212°F
Freezer	-5°F	Chocolate Milk	43°F	Egg Patty on Biscuit	28°F		
Refrigerator (R)	42°F	MILK	42°F	Bagel / Cream cheese	37°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		<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 No certified food protection manager on duty	5 DAYS to correct 25DCMR 200. Provide a certified food protection manager during all hours of operation.
Non-Critical Items Paint peeling from wall in kitchen; plaster loose on wall next to cafeteria serving line Temperature logs not up-to-date (last entries 3/12/2007)	45 DAYS to correct 25DCMR 3200 Repair both walls and tightly seal any openings Maintain an up-to-date temperature log
Area Supervisor: Mc Ronnie Taylor 202-535-2183	

Otelia P Ekeem
 Person-in-Charge (Signature) (Print) Otelia P Ekeem Date 3-13-07

Ivory Gene Cooper
 Inspector (Signature) (Print) Ivory Gene Cooper Badge # 650 Date 3/13/2007

Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations

435 DAYS

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	1
No. of Repeat Violations	0	0
Score (optional)	0	0

Page 1 of 2
 Date 11/17/06
 Time In _____
 Time Out _____

Establishment Name Simon Elm School
 Address 401 Mississippi Ave SE
 Telephone 202-535-5714

License Holder Food Service Branch
 License/Customer No. 30005577
 Certified Food Manager Theresa M. Jamnit
 Certified Food Manager Identification Card No. 17216
 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: 112A
 High Medium Low

CRITICAL ITEMS * (RISK FACTORS AND INTERVENTIONS)

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		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"/>
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(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. Handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>
		Approved Source		
(Y)	N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
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(Y)	N	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"/>
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(Y)	N	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
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ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk-in-cool	40°	Walk-in-freezer	-10°				
Chopped Tomatoes	18°						
Brown Beans	168°						

