



# 5 & 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	-	-
COS <small>Score (optional)</small>	0	0

Page 1 of 2  
Date 3/13/2007  
Time In 1:12 PM  
Time Out 1:49 PM

Establishment Name  
Stanton Elementary School  
Address 2800 Naylor Road, SE  
Washington, DC 20020  
Telephone 202-645-3265

License Holder  
Food Svc Branch  
License/Customer No.  
50000XXX-5000591 exp. 4/30/2008  
Certified Food Manager  
Pamela D. Dutch  
Certified Food Manager Identification Card No.  
28623 exp. 6/20/2009  
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  
 Processor

Risk Category:  
 High  
 Medium  
 Low Public Sch Cafeteria

### 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"/>
<b>Employee Health</b>			
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
(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"/>
<b>Control of Hands as a Vehicle of Contamination</b>			
(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"/>
<b>Approved Source</b>			
(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"/>
<b>Protection from Contamination</b>			
(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 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"/>
<b>Consumer Advisory</b>			
Y N (N/A)	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>			
(Y) N N/O N/A	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chemical, Poisonous or Toxic Materials</b>			
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"/>
<b>Conformance with Approved Procedures</b>			
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	99°F	Chocolate Milk	42°F	Pear Cup	39°F		
Freezer	6°F	Milk	38°F	Egg Wrap	41°F		
Refrigerator	40°F	Grape Juice	30°F				

## NONCRITICAL ITEMS GOOD RETAIL PRACTICES

	COS	R		COS	R		COS	R		
<input type="checkbox"/> Food and non-food contact surfaces — Constructed, cleanable, usage <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food cooking <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage of equipment, utensil, linens, & single-service / single-use articles <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liquid waste disposal <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities <i>NO</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unnecessary exposure of utility lines <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse disposal <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized processing methods <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment for temperature control <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils/ in-use <i>NO</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal cleanliness <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Food labeled/ condition <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>				

OBSERVATIONS	CORRECTIVE ACTIONS
<i>Critical Item</i>	<i>5 DAYS to correct</i>
<i>No Hot Water</i>	<i>25 DCMR 4409 Maintain an adequate supply of hot water at 110°F or above.</i>
<i>Non-Critical Item</i>	<i>45 DAYS to correct</i>
<i>Paint peeling from wall in storage room; chipped plaster from wall in storage room</i>	<i>25 DCMR 3200 Repair the wall in the storage room</i>
<i>Temperature logs up-to-date</i>	
<i>Area Supervisor: Mr. Ronnie Taylor 202-535-2183</i>	

Person-in-Charge (Signature) *Amelia Dutcher* (Print) *PAMELA DUTCHER* Date *3/13/07*

Inspector (Signature) *Ivory Gene Cooper* (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



DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
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 11/13/06  
Time In \_\_\_\_\_  
Time Out \_\_\_\_\_

Establishment Name Stanley ES  
Address 2701 Naylor Rd SE  
Telephone 202-645-3265

License Holder Food Service Branch  
License/Customer No. 50025511  
Certified Food Manager Pamela Ditch  
Certified Food Manager Identification Card No. 4924  
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)

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 <u>N/A</u>	1. Correct responses to questions	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>			
Y N <u>N/A</u>	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
Y N <u>N/A</u>	3. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	4. No discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
<b>Control of Hands as a Vehicle of Contamination</b>			
Y N <u>N/A</u>	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	6. Proper bare hand contact w / ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	7. Handwashing facilities available	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			
Y N <u>N/A</u>	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	9. Proper condition/ temperature upon receiving	<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"/>
<b>Protection from Contamination</b>			
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 <u>N/A</u>	13. Warewashing, sanitization, frequency, proper methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	14. Proper return / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

IN COMPLIANCE	Potentially Hazardous Food Time / Temperature	COS	R
Y N <u>N/A</u>	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	18. Proper reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	19. Proper cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	20. Proper hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	21. Proper cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	22. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	23. Proper time as a public health control (procedures / records available)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Consumer Advisory</b>			
Y N <u>N/A</u>	24. Consumer advisory for raw or undercooked food provided	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>			
Y N <u>N/A</u>	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chemical, Poisonous or Toxic Materials</b>			
Y N <u>N/A</u>	26. Only approved additives used	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	27. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conformance with Approved Procedures</b>			
Y N <u>N/A</u>	28. Compliance with variance and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>

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### ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

