



5845 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	1
No. of Repeat Violations	1	0
COS Score (optional)	0	0

Page 1 of 2  
 Date 3/12/2007  
 Time In 12:15 PM  
 Time Out 12:49 PM

Establishment Name  
Stevens Elementary School  
 Address 1050 21st Street, NW  
Washington, DC 20008  
 Telephone 202-724-4852

License Holder  
Food Svcs Branch  
 License/Customer No.  
00000XXX-50005592 exp. 4/30/2008  
 Certified Food Manager  
None  
 Certified Food Manager Identification Card No.  
serusate 4/3/2005  
 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: 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
(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	122°F	Chocolate Milk	35°F	Corn	41°F		
Freezer	-10°F	Milk	30°F	Peach Cup	42°F		
Refrigerator	34°F	Apple Juice	38°F	Fish Sticks	163°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 type="checkbox"/>	Physical facilities <i>Yes</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>N/D</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 certified food protection manager ID</i>	<i>25 DCMR 200.3 Obtain a certified food protection manager's ID issued by the DC Dept. of Health</i>
<i>Non-Critical Item</i>	<i>45 DAYS to correct</i>
<i>Temperature logs not up-to-date (last entries 3/7/2007)</i>	<i>Maintain up-to-date temperature logs</i>
<i>Area Supervisor: Mr. Ronnie Taylor 202-535-2183</i>	

Person-in-Charge (Signature) *Marsha Johnson* (Print) *Marsha Johnson* Date *3-12-07*

Inspector (Signature) *Ivory Gene Cooper* (Print) *Ivory Gene Cooper* Badge # *650* Date *3/12/2007*

# 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	3	
No. of Repeat Violations	—	
C.O.S. Score (optional)	0	

Page 1 of 2  
Date 11-7-06  
Time In \_\_\_\_\_  
Time Out \_\_\_\_\_

**5 DAY Re-inspection**

Establishment Name Stevens E.S.  
Address 1050-21st Street NW  
Wash, DC  
Telephone (202) 724-4852

License Holder Info. not available  
License/Customer No. ?  
Certified Food Manager Not Available  
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  
 Food Market  
 Wholesaler/ Food Processor  
112

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.

Compliance

	Demonstration of Knowledge	COS	R
Y <u>(N)</u>	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health		
<u>(Y)</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
Y <u>(N)</u>	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	4. Discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
Y <u>(N)</u>	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
Y <u>(N)</u>	6. Bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	7. Handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<u>(Y)</u> N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y <u>(N)</u>	9. Receiving temperature / condition	<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"/>
	Protection from Contamination		
<u>(Y)</u> N N/A	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N N/A	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
Y <u>(N)</u>	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y <u>(N)</u>	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
Y <u>(N)</u>	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	16. Controlling pests <u>NO Activity</u>	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time / Temperature	COS	R
<u>Compliance</u>			
Y N <u>(N/A)</u>	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N N/O N/A	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N N/O N/A	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O <u>(N/A)</u>	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
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Y N <u>(N/A)</u>	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
Y N <u>(N/A)</u>	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
Y N N/O <u>(N/A)</u>	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
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Y N <u>(N/A)</u>	26. Additives / approved, unapproved	<input type="checkbox"/>	<input type="checkbox"/>
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### ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Hot Water</u>	<u>113°F</u>	<u>KEESBURGER</u>	<u>130°F</u>				
<u>Milk/Reach in</u>	<u>33°F</u>						
<u>Reach in</u>	<u>10°F</u>						

