



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	20	2
No. of Repeat Violations	-	-
COS Score (optional)	0	0

Page 1 of 2
Date 3/7/2007
Time In 1:42 PM
Time Out 2:10 PM

Establishment Name Stoddert Elementary School
Address 4001 Calvert Street, NW
Washington, DC 20007
Telephone 202-282-3111

License Holder Food Svc Branch
License/Customer No. 00000XXX-50005594 exp 4/30/2008
Certified Food Manager ~~Not available~~ Sylvia V. Burton
Certified Food Manager Identification Card No. 27163 exp 6/9/2009
ID Card Available Yes No

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

Establishment Type:
 Food Service 12A
 Food Market
 Wholesaler/ Food Processor
 Public Sch. Cafeteria

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.

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 <u>N/O</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		
(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/O</u>	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	14. Returned / reserve of food	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	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 <u>(N/O)</u> <u>N/A</u>	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u> <u>N/A</u>	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u> <u>N/A</u>	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u> <u>N/A</u>	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u> <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 <u>N/O</u> <u>N/A</u>	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical, Poisonous or Toxic Materials		
Y N <u>(N/A)</u>	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 <u>(N/A)</u>	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	Chocolate Milk	40°F	Mobile Refrigerator	39°F		
Refrigerator	40°F	Egg Patty on Biscuit	39°F				
Milk	40°F	Freezer	60°F				

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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		
No. of Repeat Violations		
Score (optional)		

Page 1 of 1
Date 11/2/10
Time In _____
Time Out _____

Establishment Name Stoddert Es
Address 4001 Calvert Street NW
Telephone (202) 282-0143

License Holder Stoddert Es
License/Customer No. 50005594
Certified Food Manager Sylvia Cash
Certified Food Manager Identification Card No. 16957 5/14/7
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 112A

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 responses 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. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. No 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. Proper bare hand contact w / ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Handwashing facilities available	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
(Y) N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	9. Proper condition/ temperature upon receiving	<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 type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Warewashing, sanitization, frequency, proper methods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	14. Proper return / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	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/A)	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	18. Proper reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	19. Proper cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	20. Proper hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	21. Proper cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	22. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	23. Proper time as a public health control (procedures / records available)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
Y N (N/A)	24. Consumer advisory for raw or undercooked food provided	<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. Only approved additives used	<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"/>

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ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cold Units	41°/63°/40°/39°						
Warmer	206°						

T- DCPS
Ex- DCPS

Temp logs current