



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	0	3
No. of Repeat Violations	-	-
COS Score	-	0

Page 1 of 2
 Date 3/14/2007
 Time In 8:50 AM
 Time Out 9:25 AM

Establishment Name
Smothers Elementary School
 Address 4400 Brooks Street, NE
Washington, DC 20019
 Telephone 202-724-4652

License Holder
Food Service Branch
 License/Customer No.
00000XXX-50005521 exp. 4/30/2008
 Certified Food Manager
Tawana Howard
 Certified Food Manager Identification Card No.
21359 exp. 6/19/2009
 ID Card Available Yes No

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

Establishment Type:
 Food Service 112A Wholesaler/ Food
 Food Market Processor
 Risk Category: Public Sch Cafeter. g
 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 / reservice 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	110°F	Chocolate Milk	39°F	String Cheese	39°F	Chicken Pot Pie	40°F
Freezer	18°F	Grape Juice	40°F	Pear Cup	43°F		
Refrigerator	39°F	Milk	39°F	Macaroni & Ham	29°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 checked="" type="checkbox"/>	Unnecessary exposure of utility lines	Yes No	<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	N/A	<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
Non-Critical Items	45 DAYS to correct
Paint peeling from the ceiling	25DCMR 3200 Repair the ceiling
Insulation loose around pipes leaving pipes exposed	25DCMR 2901 Tightly seal the insulation around the pipes and ensure that there is no loose insulation material
Pest strip in ceiling	25DCMR 3211 No pest strips are allowed in food preparation area. Remove and discard.
Temperature logs up-to-date	
Area Supervisor: Mr. Ronnie Taylor 202-535-2183	

Person-in-Charge (Signature) *Tawana Howard* (Print) Tawana Howard Date 3-14-07

Inspector (Signature) *Ivory Gene Cooper* (Print) Ivory Gene Cooper Badge # 650 Date 3/14/2007

