



# 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	4
No. of Repeat Violations	-	-
COS <del>Score</del>	-	0

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Date 3/14/2007  
Time In 11:00AM  
Time Out 11:35AM

Establishment Name Turner Elementary School  
Address 1700 Stanton Road, SE  
Washington, DC 20020  
Telephone 202-698-1156

License Holder Food Service Branch  
License/Customer No. 00000XXX-50005604 exp. 4/30/2008  
Certified Food Manager Antoinette Dancy  
Certified Food Manager Identification Card No. 28359 exp. 6/30/2009  
ID Card Available Yes  No

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

Establishment Type:  
 Food Service 112A  
 Food Market  
 Wholesaler/ 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 <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"/>
<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/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"/>
<b>Consumer Advisory</b>			
Y N <u>(N/A)</u>	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>			
(Y) N <u>N/O</u> <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. 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 <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	118°F	Milk	39°F	Fruited Gelatin Cup	38°F	Chicken Pot Pie	213°F
Freezer	31°F	Punch	31°F	Tossed Salad	41°F		
Refrigerator	41°F	Pear cup	37°F	Chocolate Milk	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	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/O	<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
Missing light fixture cover (in ceiling)	25DCMR 3200 Replace the missing fixture cover
Ceiling dry wall in kitchen is falling down near serving line	Replace the dry wall and tightly seal the area where the gap exists
Bottom of door jamb by the walk-in refrigerator has decayed	Repair the area and tightly seal to prevent entry of pests
Blown ceiling lights	25DCMR 2908 Replace the blown lights
Gap under rear kitchen doors leading outside	25DCMR 2912 Place a guard (sweep) on the doors to prevent entry of rodents and insects
Floor of walk-in refrigerator is bulging and cracking	25DCMR 1800 Repair the floor and ensure that the floor is secure.
Temperature logs up-to-date	
Area Supervisor: Mr. Ronnie Taylor 202-535-2183	

Person-in-Charge (Signature) *Antonette Dancy* (Print) Antonette Dancy Date 3/14/07

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

